

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: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 4:30 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2013 Time: 4:30 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCSAN ST. MARGARET HEALTH- DYER (150090) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-279,629	-23,695	1,901,174	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-13,022	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	-292,651	-23,695	1,901,174	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: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 4:29 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 24 JOLIET STREET	PO Box:								1.00
2.00	City: DYER	State: IN		Zip Code: 46311-1799		County: LAKE				2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCISCAN ST. MARGARET HEALTH- DYER	150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRANCISCAN ST. MARGARET HEALTH - REH	15T090	23844	5	01/01/2002	N	P	T	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

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

22.00 Inpatient PPS Information										
22.00 Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N				22.00
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2		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
24.00	2,652	0	0	0	0	0			24.00
25.00	168	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: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 4:29 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150090

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2013 4:29 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 4:29 pm		
		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.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		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)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	189,363	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	158014	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: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -			
143.00	City: MI SHAWAKA	State: IN		Zip Code: 46546	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150090			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 4:29 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 4:29 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.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 4:29 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			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.	NANCY		RI LEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN ALLIANCE INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932 - 2300 X33175		NANCY. RI LEY@FRANCSANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 4:29 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/10/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REGIONAL REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/29/2013 4:29 pm
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Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	137	49,962	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)		137	49,962	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	7	2,457	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		158	57,543	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		188				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 Visi ts / Tri ps			Full Time Equival ents	
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l
	6.00	7.00	8.00	9.00	10.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	14,706	1,956	24,632		1.00
2.00 HMO	913	0			2.00
3.00 HMO IPF Subprovider	0	0			3.00
4.00 HMO IRF Subprovider	139	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,706	1,956	24,632		7.00
8.00 INTENSIVE CARE UNIT	1,790	228	2,873		8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	468	680		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		0	707		13.00
14.00 Total (see instructions)	16,496	2,652	28,892	8.66	884.82
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	5,853	168	7,335	0.00	34.79
18.00 SUBPROVIDER	0	0	0	0.00	0.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPI CE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/29/2013 4:29 pm
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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	
27.00	Total (sum of lines 14-26)					27.00
28.00		236	2,148	8.66	919.61	28.00
29.00	0					29.00
30.00			0			30.00
31.00			0			31.00
32.00		0	0			32.00
33.00	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)					1.00
2.00		0	2,928	586	6,012	2.00
3.00			169			3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0.00	0	2,928	586	6,012	14.00
15.00						15.00
16.00						16.00
17.00	0.00	0	436	11	539	17.00
18.00	0.00	0	0	0	0	18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
26.00						26.00
26.25						26.25
27.00	0.00					27.00
28.00						28.00
29.00						29.00
30.00						30.00
31.00						31.00
32.00						32.00
33.00						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part II Date/Time Prepared: 5/29/2013 4:29 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	49,870,820	0	49,870,820	1,847,515.00	26.99
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	771,475	771,475	18,082.08	42.67
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,043,338	244	7,043,582	247,039.00	28.51
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		140,116	0	140,116	1,996.50	70.18
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		170,200	0	170,200	1,323.00	128.65
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		14,337,169	0	14,337,169		
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		2,275,926	0	2,275,926		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	334,467	0	334,467	22,756.00	14.70
27.00	Administrative & General	5.00	5,573,322	0	5,573,322	227,924.00	24.45
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	919,806	0	919,806	33,248.00	27.67
30.00	Operation of Plant	7.00	302,807	0	302,807	39,837.00	7.60
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,221,390	0	1,221,390	99,368.00	12.29
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	740,759	-415,488	325,271	26,888.00	12.10
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	415,488	415,488	34,347.00	12.10
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	511,893	0	511,893	11,856.00	43.18
39.00	Central Services and Supply	14.00	478,172	0	478,172	28,022.00	17.06
40.00	Pharmacy	15.00	2,120,195	0	2,120,195	55,490.00	38.21
41.00	Medical Records & Medical Records Library	16.00	218,796	0	218,796	15,620.00	14.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 4:29 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150090

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2013 4:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,870,820	-771,475	49,099,345	1,829,432.92	26.84	1.00
2.00	Excluded area salaries (see instructions)	7,043,338	244	7,043,582	247,039.00	28.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,827,482	-771,719	42,055,763	1,582,393.92	26.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	310,316	0	310,316	3,319.50	93.48	4.00
5.00	Subtotal wage-related costs (see inst.)	14,337,169	0	14,337,169	0.00	34.09	5.00
6.00	Total (sum of lines 3 thru 5)	57,474,967	-771,719	56,703,248	1,585,713.42	35.76	6.00
7.00	Total overhead cost (see instructions)	12,421,607	0	12,421,607	595,356.00	20.86	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2013 4:29 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			343,308 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			4,108,250 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			7,157,683 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			289,275 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			110,606 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,725,880 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			2,796,066 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			39,286 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			42,740 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			16,613,094 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/29/2013 4:29 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/29/2013 4:29 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.302591		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		8,014,592		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		36,329,236		6.00	
7.00	Medicaid cost (line 1 times line 6)		10,992,900		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,978,308		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,978,308		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		5,436,900	7,919,000	13,355,900	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,645,157	2,396,218	4,041,375	21.00
22.00	Partial payment by patients approved for charity care		78,300	610,800	689,100	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,566,857	1,785,418	3,352,275	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				4,135,104	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				229,973	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				3,905,131	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				1,181,657	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				4,533,932	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				7,512,240	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A
Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		6,770,686	6,770,686	-2,737,143	4,033,543	1.00
2.00	00200		0	0	3,202,429	3,202,429	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	334,467	16,685,481	17,019,948	0	17,019,948	4.00
5.01	00510	117,266	24,738	142,004	0	142,004	5.01
5.02	00511	2,368,357	578,752	2,947,109	0	2,947,109	5.02
5.03	00512	33,000	828,175	861,175	0	861,175	5.03
5.04	00560	3,054,699	-4,891,492	-1,836,793	-129,166	-1,965,959	5.04
6.00	00600	919,806	1,926,240	2,846,046	0	2,846,046	6.00
7.00	00700	302,807	2,818,984	3,121,791	0	3,121,791	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	1,221,390	244,368	1,465,758	0	1,465,758	9.00
10.00	01000	740,759	1,037,400	1,778,159	-989,439	788,720	10.00
11.00	01100	0	0	0	989,439	989,439	11.00
13.00	01300	511,893	51,409	563,302	-21,999	541,303	13.00
14.00	01400	478,172	1,145,453	1,623,625	-581,896	1,041,729	14.00
15.00	01500	2,120,195	5,531,455	7,651,650	-3,152,938	4,498,712	15.00
16.00	01600	218,796	551,041	769,837	-24	769,813	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	771,474	771,474	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,104,942	916,244	11,021,186	-2,039,455	8,981,731	30.00
31.00	03100	1,772,361	374,139	2,146,500	-89,547	2,056,953	31.00
32.00	02060	873,808	642,219	1,516,027	-3,368	1,512,659	32.00
41.00	04100	1,926,815	3,983,749	5,910,564	-28,258	5,882,306	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	1,779,350	1,779,350	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,517,774	7,985,019	9,502,793	-6,178,379	3,324,414	50.00
50.01	05001	378,583	658,401	1,036,984	-292,858	744,126	50.01
51.00	05100	1,261,089	105,402	1,366,491	-34,874	1,331,617	51.00
53.00	05300	25,869	229,375	255,244	-165,215	90,029	53.00
54.00	05400	1,614,062	957,405	2,571,467	-13,968	2,557,499	54.00
54.01	05401	155,934	1,192,847	1,348,781	-226,336	1,122,445	54.01
55.00	05500	498,433	223,185	721,618	-4,511	717,107	55.00
56.00	05600	270,201	361,533	631,734	11,730	643,464	56.00
60.00	06000	0	4,942,375	4,942,375	0	4,942,375	60.00
63.00	06300	0	529,309	529,309	0	529,309	63.00
65.00	06500	987,718	600,718	1,588,436	-60,680	1,527,756	65.00
66.00	06600	2,913,778	4,288,737	7,202,515	-2,387,994	4,814,521	66.00
67.00	06700	150,364	130,914	281,278	1,808,389	2,089,667	67.00
68.00	06800	115,160	61,077	176,237	519,955	696,192	68.00
69.00	06900	537,169	65,526	602,695	1,691	604,386	69.00
70.00	07000	231,584	26,177	257,761	-1,492	256,269	70.00
71.00	07100	0	0	0	1,895,729	1,895,729	71.00
72.00	07200	0	0	0	8,054,221	8,054,221	72.00
73.00	07300	0	0	0	3,152,091	3,152,091	73.00
76.00	03020	323,442	140,192	463,634	-12,070	451,564	76.00
76.01	03021	420,464	44,948	465,412	-27,220	438,192	76.01
76.02	03022	629,737	3,062,603	3,692,340	-1,640,562	2,051,778	76.02
76.03	03023	1,646,075	13,202	1,659,277	-21	1,659,256	76.03
76.04	03024	229,752	89,393	319,145	-75,545	243,600	76.04
76.05	03025	283,283	191,770	475,053	-1,318	473,735	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,464,293	1,119,165	4,583,458	-405,861	4,177,597	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		2,745,250	2,745,250	-884,605	1,860,645	113.00
118.00		44,754,297	68,983,564	113,737,861	-244	113,737,617	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	21,355	78,742	100,097	0	100,097	190.00
192.00	19200	3,482,344	369,626	3,851,970	244	3,852,214	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	1,612,824	235,288	1,848,112	0	1,848,112	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00		49,870,820	69,667,220	119,538,040	0	119,538,040	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	940,437	4,973,980	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	3,202,429	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	2,633,155	19,653,103	4.00
5.01	00510	COMMUNICATIONS	0	142,004	5.01
5.02	00511	ADMITTING	-132,837	2,814,272	5.02
5.03	00512	PATIENT ACCOUNTING	-825,492	35,683	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	21,410,919	19,444,960	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	2,846,046	6.00
7.00	00700	OPERATION OF PLANT	0	3,121,791	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	235,636	235,636	8.00
9.00	00900	HOUSEKEEPING	0	1,465,758	9.00
10.00	01000	DIETARY	-261,134	527,586	10.00
11.00	01100	CAFETERIA	-527,536	461,903	11.00
13.00	01300	NURSING ADMINISTRATION	0	541,303	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-533,259	508,470	14.00
15.00	01500	PHARMACY	-1,315,137	3,183,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18	769,831	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	771,474	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-95,097	8,886,634	30.00
31.00	03100	INTENSIVE CARE UNIT	-11,462	2,045,491	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,512,659	32.00
41.00	04100	SUBPROVIDER - I RF	-3,027,205	2,855,101	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,779,350	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-368,190	2,956,224	50.00
50.01	05001	OUTPATIENT SURGERY	-49,648	694,478	50.01
51.00	05100	RECOVERY ROOM	-957	1,330,660	51.00
53.00	05300	ANESTHESIOLOGY	1,671	91,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-163,090	2,394,409	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-11,621	1,110,824	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-5,727	711,380	55.00
56.00	05600	RADIOISOTOPE	-5,567	637,897	56.00
60.00	06000	LABORATORY	-474,631	4,467,744	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-22,899	506,410	63.00
65.00	06500	RESPIRATORY THERAPY	-271,137	1,256,619	65.00
66.00	06600	PHYSICAL THERAPY	-1,565,084	3,249,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	-5,468	2,084,199	67.00
68.00	06800	SPEECH PATHOLOGY	-2,292	693,900	68.00
69.00	06900	ELECTROCARDIOLOGY	-8,917	595,469	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,420	251,849	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,895,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,054,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,152,091	73.00
76.00	03020	ULTRASOUND	-43,306	408,258	76.00
76.01	03021	PAIN CLINIC	0	438,192	76.01
76.02	03022	CATH LAB	0	2,051,778	76.02
76.03	03023	ACTIVITY THERAPY	0	1,659,256	76.03
76.04	03024	WOUND CARE CENTER	-166	243,434	76.04
76.05	03025	BARIATRIC CLINIC	-560	473,175	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-917,439	3,260,158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,860,645	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,710,913	126,448,530	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100,097	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,852,214	192.00
192.01	19201	WORKING WELL	0	0	192.01
194.00	07950	RESIDENTIAL	0	1,848,112	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
200.00		TOTAL (SUM OF LINES 118-199)	12,710,913	132,248,953	200.00

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6
Date/Time Prepared:
5/29/2013 4:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL					
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	3,202,429	1.00
	EQUIP				
	TOTALS		0	3,202,429	
B - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	359,636	1.00
	TOTALS		0	359,636	
C - CAFETERIA					
1.00	CAFETERIA	11.00	415,488	573,951	1.00
	TOTALS		415,488	573,951	
D - INSURANCE EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	105,650	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	418,234	2.00
	TOTALS		0	523,884	
E - PATIENT TRANSPORT					
1.00	ADULTS & PEDIATRICS	30.00	8,408	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	46,910	0	2.00
3.00	RADIOLOGY-SOTOPE	56.00	14,256	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	3,289	0	4.00
5.00	ULTRASOUND	76.00	5,849	0	5.00
6.00	CATH LAB	76.02	3,105	0	6.00
7.00	EMERGENCY	91.00	5,220	0	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	244	0	8.00
	TOTALS		87,281	0	
F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,999	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	581,896	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	847	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	268,513	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	89,547	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,368	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	28,258	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,178,379	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	292,858	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	34,874	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	165,215	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	60,878	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	226,336	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,511	15.00
16.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,526	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	60,680	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,761	18.00
19.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,385	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,504	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,598	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,492	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,919	23.00

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6

Date/Time Prepared:
5/29/2013 4:29 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
24.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27,220	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,643,667	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21	26.00	
27.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	75,545	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,318	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	100,811	29.00	
	TOTALS		0	9,949,950		
G - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,152,091	1.00	
	TOTALS		0	3,152,091		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	548,485	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	222,989	2.00	
	TOTALS		0	771,474		
I - THERAPY						
1.00	OCCUPATIONAL THERAPY	67.00	147,083	1,666,691	1.00	
2.00	SPEECH PATHOLOGY	68.00	53,545	488,914	2.00	
	TOTALS		200,628	2,155,605		
J - NURSERY						
1.00	NURSERY	43.00	1,647,825	131,525	1.00	
	TOTALS		1,647,825	131,525		
K - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,054,221	1.00	
	TOTALS		0	8,054,221		
L - ADMIN AND GENERAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,085	1.00	
	TOTALS		0	1,085		
500.00	Grand Total: Increases		2,351,222	28,875,851	500.00	

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6
Date/Time Prepared:
5/29/2013 4:29 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAPITAL							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	3,202,429	9		1.00
	TOTALS		0	3,202,429			
B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	359,636	11		1.00
	TOTALS		0	359,636			
C - CAFETERIA							
1.00	DIETARY	10.00	415,488	573,951	0		1.00
	TOTALS		415,488	573,951			
D - INSURANCE EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	105,650	11		1.00
2.00	INTEREST EXPENSE	113.00	0	418,234	0		2.00
	TOTALS		0	523,884			
E - PATIENT TRANSPORT							
1.00	EMERGENCY	91.00	8,408	0	0		1.00
2.00	EMERGENCY	91.00	46,910	0	0		2.00
3.00	EMERGENCY	91.00	14,256	0	0		3.00
4.00	EMERGENCY	91.00	3,289	0	0		4.00
5.00	EMERGENCY	91.00	5,849	0	0		5.00
6.00	EMERGENCY	91.00	3,105	0	0		6.00
7.00	EMERGENCY	91.00	5,220	0	0		7.00
8.00	EMERGENCY	91.00	244	0	0		8.00
	TOTALS		87,281	0			
F - CHARGEABLE SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	21,999	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	581,896	0		2.00
3.00	PHARMACY	15.00	0	847	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	24	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	268,513	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	89,547	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	3,368	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	28,258	0		8.00
9.00	OPERATING ROOM	50.00	0	6,178,379	0		9.00
10.00	OUTPATIENT SURGERY	50.01	0	292,858	0		10.00
11.00	RECOVERY ROOM	51.00	0	34,874	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	165,215	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,878	0		13.00
14.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	226,336	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,511	0		15.00
16.00	RADIOISOTOPE	56.00	0	2,526	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	60,680	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	31,761	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	5,385	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	22,504	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,598	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,492	0		22.00
23.00	ULTRASOUND	76.00	0	17,919	0		23.00
24.00	PAIN CLINIC	76.01	0	27,220	0		24.00
25.00	CATH LAB	76.02	0	1,643,667	0		25.00
26.00	ACTIVITY THERAPY	76.03	0	21	0		26.00
27.00	WOUND CARE CENTER	76.04	0	75,545	0		27.00
28.00	BARITRIC CLINIC	76.05	0	1,318	0		28.00
29.00	EMERGENCY	91.00	0	100,811	0		29.00
	TOTALS		0	9,949,950			
G - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	3,152,091	0		1.00
	TOTALS		0	3,152,091			
H - INTERNS AND RESIDENTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	548,485	0		1.00
2.00	EMERGENCY	91.00	0	222,989	0		2.00
	TOTALS		0	771,474			
I - THERAPY							
1.00	PHYSICAL THERAPY	66.00	147,083	1,666,691	0		1.00
2.00	PHYSICAL THERAPY	66.00	53,545	488,914	0		2.00
	TOTALS		200,628	2,155,605			
J - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,647,825	131,525	0		1.00
	TOTALS		1,647,825	131,525			
K - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,054,221	0		1.00
	TOTALS		0	8,054,221			

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6
Date/Time Prepared:
5/29/2013 4:29 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
L - ADMIN AND GENERAL							
1.00	INTEREST EXPENSE	113.00	0	1,085	0		1.00
	TOTALS		0	1,085			
500.00	Grand Total: Decreases		2,351,222	28,875,851			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2013 4:29 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	581,972	0	0	0	45,000	1.00
2.00	Land Improvements	8,846,486	306,339	0	306,339	0	2.00
3.00	Buildings and Fixtures	69,673,984	0	0	0	110,000	3.00
4.00	Building Improvements	1,512,208	0	0	0	0	4.00
5.00	Fixed Equipment	117,782,808	5,853,557	0	5,853,557	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	198,397,458	6,159,896	0	6,159,896	155,000	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	198,397,458	6,159,896	0	6,159,896	155,000	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	536,972	0				1.00
2.00	Land Improvements	9,152,825	0				2.00
3.00	Buildings and Fixtures	69,563,984	0				3.00
4.00	Building Improvements	1,512,208	0				4.00
5.00	Fixed Equipment	123,636,365	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	204,402,354	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	204,402,354	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,770,686	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,770,686	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,770,686				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,770,686				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2013 4:29 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,508,694	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,202,429	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,711,123	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	465,286	0	0	0	4,973,980	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,202,429	2.00
3.00	Total (sum of lines 1-2)	465,286	0	0	0	8,176,409	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150090

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-2,573	INTEREST EXPENSE	113.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-363,596	CENTRAL SERVICES & SUPPLY	14.00	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	-1,467,436			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-20,032	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	6,195,025			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-527,536	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	18	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	B	-13,132	DIETARY	10.00	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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 RENTAL INCOME	B	-8,272	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150090

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
34.00 MISC INCOME	B	-237	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	34.00
35.00 DIETETIC INSTRUCTION	B	-2,870	DIETARY	10.00	0	35.00
36.00 SPECIAL FUNCTIONS	B	-64,520	DIETARY	10.00	0	36.00
37.00 FOOD SUPPLEMENTS	B	-126,232	DIETARY	10.00	0	37.00
38.00 ADVERTISING EXPENSE	A	-970,681	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	38.00
39.00 MISCELLANEOUS- OTHER OPERATING	B	-10	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	39.00
40.00 SHARED SERVICES- HR	A	462,295	EMPLOYEE BENEFITS	4.00	0	40.00
41.00 SHARED SERVICES- RECEIVING & STORES	A	237,890	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.00
42.00 SHARED SERVICES- A&G	A	8,104,542	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.00
43.00 SHARED SERVICES- LAUNDRY	A	235,636	LAUNDRY & LINEN SERVICE	8.00	0	43.00
44.00 SHARED SERVICES- PUBLIC RELATIONS	A	-942,086	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	44.00
45.00 UNECESSARY BORROWING	A	-634,514	INTEREST EXPENSE	113.00	0	45.00
46.00 MISCELLANEOUS- OTHER OPERATION	B	-560	BARIATRIC CLINIC	76.05	0	46.00
47.00 LOBBYING EXPENSE	A	-23,956	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	47.00
48.00 DISCOUNTS EARNED/REBATES	B	-40,257	DIETARY	10.00	0	48.00
49.00 INTEREST INCOME - PATIENTS	B	-2,907	INTEREST EXPENSE	113.00	0	49.00
49.01 PENSION ADJUSTMENT	A	2,170,860	EMPLOYEE BENEFITS	4.00	0	49.01
49.02 HAF LOSS ON PROVIDER FEES	A	516,054	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	49.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		12,710,913				50.00

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2013 4:29 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	1.00	NEW CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	940,437	0
2.00	5.03	PATIENT ACCOUNTING	PATIENT ACCOUNTING	0	825,492
3.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE & GENERAL	7,178,893	3,710,530
4.00	15.00	PHARMACY	COEP / PHARMACY	305,524	326,184
4.01	113.00	INTEREST EXPENSE	INTEREST	996,723	2,217,374
4.02	5.04	OTHER ADMINISTRATIVE AND GENERAL	PURCHASED SERVICES OTHER	0	-11,029,312
4.03	10.00	DIETARY	NUTRITION SERVICES	0	14,123
4.04	14.00	CENTRAL SERVICES & SUPPLY	SPD	30,059	199,722
4.05	15.00	PHARMACY	PHARMACY	373,530	1,666,951
4.06	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	94,337
4.07	41.00	SUBPROVIDER - IRF	REHABILITATION	0	3,870,998
4.08	50.00	OPERATING ROOM	OPERATING ROOM	2,259	6,591
4.09	50.00	OPERATING ROOM	ORTHOPEDI CS	346	1,010
4.10	50.01	OUTPATIENT SURGERY	ENDOSCOPY	9,086	36,200
4.11	51.00	RECOVERY ROOM	RECOVERY	321	1,278
4.12	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	3,476	1,805
4.13	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	18,736	68,409
4.14	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	21,780	79,524
4.15	54.00	RADIOLOGY-DIAGNOSTIC	MRI	13,443	49,084
4.16	54.01	RADIOLOGY-SPECIAL PROCEDURES	SPECIAL PROCEDURES	488	1,757
4.17	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	3,986	14,338
4.18	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	2,880	8,607
4.19	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	2,181	7,748
4.20	60.00	LABORATORY	CHEMISTRY	80,472	468,695
4.21	60.00	LABORATORY	MICROBIOLOGY	2,376	13,839
4.22	60.00	LABORATORY	HISTOLOGY	576	3,354
4.23	60.00	LABORATORY	HEMATOLOGY	14,630	85,209
4.24	60.00	LABORATORY	HEMATOLOGY	329	1,917
4.25	63.00	BLOOD STORING, PROCESSING & TRANS.	BLOOD BANK	8,779	31,678
4.26	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	113,540	378,237
4.27	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	17,655	29,692
4.28	66.00	PHYSICAL THERAPY	REHAB UNIT THERAPY	2,262,919	3,805,700
4.29	66.00	PHYSICAL THERAPY	ACUTE THERAPY	850	1,430
4.30	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	9,310	14,778
4.31	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	5,812	8,104
4.32	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	1,182	9,733
4.33	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	51	417
4.34	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	1,082	3,640
4.35	76.00	ULTRASOUND	ULTRASOUND	6,915	49,086
4.36	76.00	ULTRASOUND	VASCULAR ULTRASOUND	186	1,321
4.37	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	843,793	0
4.38	0.00			0	0
4.39	0.00			0	0
4.40	0.00			0	0
4.41	0.00			0	0
4.42	0.00			0	0
4.43	0.00			0	0
4.44	0.00			0	0
4.45	0.00			0	0
4.46	0.00			0	0
4.47	0.00			0	0
4.48	0.00			0	0
4.49	0.00			0	0
4.50	0.00			0	0
5.00	0			13,274,605	7,079,580

* 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

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 4:29 pm

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	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 4:29 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	940,437	9	1.00
2.00	-825,492	0	2.00
3.00	3,468,363	0	3.00
4.00	-20,660	0	4.00
4.01	-1,220,651	0	4.01
4.02	11,029,312	0	4.02
4.03	-14,123	0	4.03
4.04	-169,663	0	4.04
4.05	-1,293,421	0	4.05
4.06	-94,337	0	4.06
4.07	-3,870,998	0	4.07
4.08	-4,332	0	4.08
4.09	-664	0	4.09
4.10	-27,114	0	4.10
4.11	-957	0	4.11
4.12	1,671	0	4.12
4.13	-49,673	0	4.13
4.14	-57,744	0	4.14
4.15	-35,641	0	4.15
4.16	-1,269	0	4.16
4.17	-10,352	0	4.17
4.18	-5,727	0	4.18
4.19	-5,567	0	4.19
4.20	-388,223	0	4.20
4.21	-11,463	0	4.21
4.22	-2,778	0	4.22
4.23	-70,579	0	4.23
4.24	-1,588	0	4.24
4.25	-22,899	0	4.25
4.26	-264,697	0	4.26
4.27	-12,037	0	4.27
4.28	-1,542,781	0	4.28
4.29	-580	0	4.29
4.30	-5,468	0	4.30
4.31	-2,292	0	4.31
4.32	-8,551	0	4.32
4.33	-366	0	4.33
4.34	-2,558	0	4.34
4.35	-42,171	0	4.35
4.36	-1,135	0	4.36
4.37	843,793	0	4.37
4.38	0	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	0	0	4.46
4.47	0	0	4.47
4.48	0	0	4.48
4.49	0	0	4.49
4.50	0	0	4.50
5.00	6,195,025		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

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared:
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	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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	HEALTHCARE SERV	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: 150090

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

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	ADMITTING	128,387	128,387	0	171,400	0	1.00
2.00	5.02	ADMITTING	4,450	4,450	0	171,400	0	2.00
3.00	15.00	PHARMACY	6,000	0	6,000	171,400	60	3.00
4.00	30.00	ADULTS & PEDIATRICS	760	760	0	204,100	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	11,462	11,462	0	171,400	0	5.00
6.00	50.00	OPERATING ROOM	363,194	363,194	0	204,100	0	6.00
7.00	50.01	OUTPATIENT SURGERY	44,220	20	44,200	204,100	221	7.00
8.00	65.00	RESPIRATORY THERAPY	13,280	0	13,280	171,400	83	8.00
9.00	66.00	PHYSICAL THERAPY	38,610	0	38,610	171,400	351	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	10,350	0	10,350	171,400	103	10.00
11.00	76.04	WOUND CARE CENTER	660	0	660	171,400	6	11.00
12.00	91.00	EMERGENCY	13,900	0	13,900	171,400	139	12.00
13.00	91.00	EMERGENCY	901,458	901,458	0	171,400	0	13.00
14.00	91.00	EMERGENCY	43,200	0	43,200	171,400	360	14.00
200.00			1,579,931	1,409,731	170,200		1,323	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	ADMITTING	0	0	0	0	0	1.00
2.00	5.02	ADMITTING	0	0	0	0	0	2.00
3.00	15.00	PHARMACY	4,944	247	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	50.01	OUTPATIENT SURGERY	21,686	1,084	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	6,840	342	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	28,924	1,446	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	8,488	424	0	0	0	10.00
11.00	76.04	WOUND CARE CENTER	494	25	0	0	0	11.00
12.00	91.00	EMERGENCY	11,454	573	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	29,665	1,483	0	0	0	14.00
200.00			112,495	5,624	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	ADMITTING	0	0	0	128,387		1.00
2.00	5.02	ADMITTING	0	0	0	4,450		2.00
3.00	15.00	PHARMACY	0	4,944	1,056	1,056		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	760		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	11,462		5.00
6.00	50.00	OPERATING ROOM	0	0	0	363,194		6.00
7.00	50.01	OUTPATIENT SURGERY	0	21,686	22,514	22,534		7.00
8.00	65.00	RESPIRATORY THERAPY	0	6,840	6,440	6,440		8.00
9.00	66.00	PHYSICAL THERAPY	0	28,924	9,686	9,686		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,488	1,862	1,862		10.00
11.00	76.04	WOUND CARE CENTER	0	494	166	166		11.00
12.00	91.00	EMERGENCY	0	11,454	2,446	2,446		12.00
13.00	91.00	EMERGENCY	0	0	0	901,458		13.00
14.00	91.00	EMERGENCY	0	29,665	13,535	13,535		14.00
200.00			0	112,495	57,705	1,467,436		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	4,973,980	4,973,980				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,202,429		3,202,429			2.00
4.00 00400 EMPLOYEE BENEFITS	19,653,103	15,612	3,255	19,671,970		4.00
5.01 00510 COMMUNICATIONS	142,004	19,163	4,010	46,569	211,746	5.01
5.02 00511 ADMITTING	2,814,272	43,604	5,322	940,527	3,459	5.02
5.03 00512 PATIENT ACCOUNTING	35,683	9,349	1,740	13,105	24,595	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	19,444,960	187,694	386,265	1,213,088	23,250	5.04
6.00 00600 MAINTENANCE & REPAIRS	2,846,046	788,572	35,171	365,275	8,262	6.00
7.00 00700 OPERATION OF PLANT	3,121,791	227,204	8,509	120,251	1,921	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	235,636	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	1,465,758	59,625	596	485,041	0	9.00
10.00 01000 DIETARY	527,586	56,439	13,483	129,172	2,114	10.00
11.00 01100 CAFETERIA	461,903	72,095	0	164,999	3,459	11.00
13.00 01300 NURSING ADMINISTRATION	541,303	5,543	4,219	203,284	2,114	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	508,470	57,213	119,512	189,893	2,114	14.00
15.00 01500 PHARMACY	3,183,575	42,675	441	841,976	5,572	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	769,831	54,060	6,197	86,889	27,091	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	771,474	0	0	0	1,729	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	8,886,634	1,069,425	581,642	3,361,837	13,258	30.00
31.00 03100 INTENSIVE CARE UNIT	2,045,491	109,879	38,981	703,844	1,345	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	1,512,659	3,872	0	347,008	0	32.00
41.00 04100 SUBPROVIDER - I&R	2,855,101	65,700	23,990	765,181	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,779,350	0	0	654,388	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,956,224	182,427	476,788	602,741	6,341	50.00
50.01 05001 OUTPATIENT SURGERY	694,478	155,818	64,028	150,344	0	50.01
51.00 05100 RECOVERY ROOM	1,330,660	61,418	40,288	500,806	1,537	51.00
53.00 05300 ANESTHESIOLOGY	91,700	6,296	60,424	10,273	384	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,394,409	140,671	392,647	659,609	8,070	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	1,110,824	0	322,615	61,925	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	711,380	124,716	126,933	197,939	0	55.00
56.00 05600 RADIOISOTOPE	637,897	54,558	44,569	112,964	2,498	56.00
60.00 06000 LABORATORY	4,467,744	86,943	5,257	0	7,302	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	506,410	31,323	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	1,256,619	23,678	44,684	392,245	2,114	65.00
66.00 06600 PHYSICAL THERAPY	3,249,437	16,065	29,788	1,077,452	2,114	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,084,199	6,152	0	118,123	192	67.00
68.00 06800 SPEECH PATHOLOGY	693,900	0	0	66,996	192	68.00
69.00 06900 ELECTROCARDIOLOGY	595,469	42,133	49,948	214,628	4,227	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	251,849	58,220	16,752	91,967	1,537	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,895,729	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,054,221	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,152,091	0	0	0	0	73.00
76.00 03020 ULTRASOUND	408,258	25,326	87,276	130,769	0	76.00
76.01 03021 PAIN CLINIC	438,192	17,105	21,161	166,976	384	76.01
76.02 03022 CATH LAB	2,051,778	47,488	95,372	251,315	0	76.02
76.03 03023 ACTIVITY THERAPY	1,659,256	63,133	174	653,693	1,345	76.03
76.04 03024 WOUND CARE CENTER	243,434	0	2,255	91,240	1,537	76.04
76.05 03025 BARIATRIC CLINIC	473,175	21,321	2,542	112,498	1,537	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	3,260,158	134,785	39,485	1,343,159	4,612	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,448,530	4,187,300	3,156,319	17,639,989	166,206
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,097	8,807	0	8,481	961	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,852,214	149,556	11,193	1,383,012	17,678	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	1,848,112	335,324	29,078	640,488	9,031	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	292,993	5,839	0	17,870	194.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	132,248,953	4,973,980	3,202,429	19,671,970	211,746

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description			ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	ADMITTING	3,807,184					5.02
5.03	00512	PATIENT ACCOUNTING	0	84,472				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	21,255,257	21,255,257		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,043,326	774,297	4,817,623	6.00
7.00	00700	OPERATION OF PLANT	0	0	3,479,676	666,358	279,946	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	235,636	45,124	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,011,020	385,110	73,466	9.00
10.00	01000	DIETARY	0	0	728,794	139,564	69,540	10.00
11.00	01100	CAFETERIA	0	0	702,456	134,520	88,830	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	756,463	144,863	6,830	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	877,202	167,984	70,494	14.00
15.00	01500	PHARMACY	0	0	4,074,239	780,217	52,581	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	944,068	180,789	66,609	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	773,203	148,068	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	298,176	6,602	14,217,574	2,722,634	1,317,676	30.00
31.00	03100	INTENSIVE CARE UNIT	66,085	1,463	2,967,088	568,197	135,386	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	24,050	532	1,888,121	361,575	4,771	32.00
41.00	04100	SUBPROVIDER - I RF	110,313	2,442	3,822,727	732,052	80,951	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,539	211	2,443,488	467,928	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	247,055	5,470	4,477,046	857,354	224,775	50.00
50.01	05001	OUTPATIENT SURGERY	82,166	1,819	1,148,653	219,967	191,988	50.01
51.00	05100	RECOVERY ROOM	47,187	1,045	1,982,941	379,733	75,675	51.00
53.00	05300	ANESTHESIOLOGY	82,849	1,834	253,760	48,595	7,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	424,470	9,398	4,029,274	771,606	173,325	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	42,213	935	1,538,512	294,625	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	54,702	1,211	1,216,881	233,033	153,667	55.00
56.00	05600	RADIOISOTOPE	74,625	1,652	928,763	177,858	67,223	56.00
60.00	06000	LABORATORY	417,347	9,240	4,993,833	956,319	107,125	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,906	529	562,168	107,655	38,594	63.00
65.00	06500	RESPIRATORY THERAPY	79,727	1,765	1,800,832	344,859	29,174	65.00
66.00	06600	PHYSICAL THERAPY	147,266	3,261	4,525,383	866,611	19,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,833	439	2,228,938	426,842	7,580	67.00
68.00	06800	SPEECH PATHOLOGY	11,425	253	772,766	147,985	0	68.00
69.00	06900	ELECTROCARDIOLOGY	95,784	2,121	1,004,310	192,325	51,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,295	560	446,180	85,443	71,735	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	220,042	4,872	2,120,643	406,103	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	156,409	3,463	8,214,093	1,572,999	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	470,968	10,608	3,633,667	695,847	0	73.00
76.00	03020	ULTRASOUND	64,273	1,423	717,325	137,368	31,205	76.00
76.01	03021	PAIN CLINIC	30,499	675	674,992	129,261	21,076	76.01
76.02	03022	CATH LAB	188,762	4,179	2,638,894	505,348	58,511	76.02
76.03	03023	ACTIVITY THERAPY	39,689	879	2,418,169	463,079	77,788	76.03
76.04	03024	WOUND CARE CENTER	10,978	243	349,687	66,965	0	76.04
76.05	03025	BIARIATRIC CLINIC	3,489	77	614,639	117,703	26,270	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	238,062	5,271	5,025,532	962,389	166,073	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,807,184	84,472	123,538,219	19,587,152	3,848,329	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	118,346	22,663	10,852	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,413,653	1,036,715	184,272	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	2,862,033	548,079	413,164	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	316,702	60,648	361,006	194.02
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)	3,807,184	84,472	132,248,953	21,255,257	4,817,623	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/29/2013 4:29 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	COMMUNICATIONS					5.01	
5.02	00511	ADMINISTRATIVE					5.02	
5.03	00512	PATIENT ACCOUNTING					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	4,425,980				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	280,760			8.00	
9.00	00900	HOUSEKEEPING	71,658	0	2,541,254		9.00	
10.00	01000	DIETARY	67,828	0	39,586	1,045,312	10.00	
11.00	01100	CAFETERIA	86,644	0	50,567	0	11.00	
13.00	01300	NURSING ADMINISTRATION	6,662	0	3,888	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	68,759	0	40,129	0	14.00	
15.00	01500	PHARMACY	51,287	0	29,932	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	64,969	0	37,917	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,285,243	207,683	750,086	773,236	30.00	
31.00	03100	INTENSIVE CARE UNIT	132,053	16,734	77,068	62,303	31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	4,654	0	2,716	0	32.00	
41.00	04100	SUBPROVIDER - IRF	78,958	0	46,081	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	219,242	0	127,953	0	50.00	
50.01	05001	OUTPATIENT SURGERY	187,263	0	109,289	0	50.01	
51.00	05100	RECOVERY ROOM	73,812	0	43,078	0	51.00	
53.00	05300	ANESTHESIOLOGY	7,566	0	4,416	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	169,059	0	98,666	0	54.00	
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	149,884	0	87,475	0	55.00	
56.00	05600	RADIOISOTOPE	65,568	0	38,266	0	56.00	
60.00	06000	LABORATORY	104,488	0	60,981	0	60.00	
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	37,644	0	21,970	0	63.00	
65.00	06500	RESPIRATORY THERAPY	28,456	0	16,607	0	65.00	
66.00	06600	PHYSICAL THERAPY	19,307	0	11,268	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	7,393	0	4,315	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	50,635	0	29,552	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	69,969	0	40,835	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03020	ULTRASOUND	30,437	0	17,764	0	76.00	
76.01	03021	PAIN CLINIC	20,557	0	11,998	0	76.01	
76.02	03022	CATH LAB	57,071	0	33,308	0	76.02	
76.03	03023	ACTIVITY THERAPY	75,873	0	44,281	0	76.03	
76.04	03024	WOUND CARE CENTER	0	0	0	0	76.04	
76.05	03025	BARITRIC CLINIC	25,623	0	14,954	0	76.05	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	161,985	0	94,537	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,480,547	224,417	1,989,483	835,539	927,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,584	0	6,177	0	1,606	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	179,736	0	104,897	0	64,471	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	402,994	0	235,194	0	69,912	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	352,119	56,343	205,503	209,773	5,194	194.02
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)	4,425,980	280,760	2,541,254	1,045,312	1,063,017	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00560						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	927,952					13.00
14.00	01400	16,224	1,262,644				14.00
15.00	01500	28,643	4,540	5,064,711			15.00
16.00	01600	0	1,383	0	1,307,916		16.00
17.00	01700	7,979	0	0	0	7,979	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	439,356	115,539	4,284	102,448	611	30.00
31.00	03100	92,304	24,594	227	22,706	135	31.00
32.00	02060	0	3,217	133	8,263	49	32.00
41.00	04100	0	14,301	2,220	37,902	226	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	3,278	20	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	76,982	92,681	487	84,884	506	50.00
50.01	05001	1,602	24,363	4,279	28,231	168	50.01
51.00	05100	50,442	9,797	558	16,213	97	51.00
53.00	05300	2,804	11,168	224	28,466	170	53.00
54.00	05400	0	34,296	86	145,841	870	54.00
54.01	05401	0	5,822	131	14,504	87	54.01
55.00	05500	0	3,291	0	18,795	112	55.00
56.00	05600	0	273	341,901	25,640	153	56.00
60.00	06000	0	0	0	143,394	856	60.00
63.00	06300	0	0	0	8,214	49	63.00
65.00	06500	0	3,859	347	27,393	163	65.00
66.00	06600	0	3,316	0	50,598	302	66.00
67.00	06700	0	369	0	6,814	41	67.00
68.00	06800	0	414	0	3,925	23	68.00
69.00	06900	31,848	3,943	0	32,910	196	69.00
70.00	07000	5,608	2,748	0	8,691	52	70.00
71.00	07100	0	0	0	75,603	451	71.00
72.00	07200	0	0	0	53,739	321	72.00
73.00	07300	0	802,570	4,697,865	161,645	1,140	73.00
76.00	03020	0	1,789	279	22,083	132	76.00
76.01	03021	0	3,108	327	10,479	63	76.01
76.02	03022	25,405	39,515	1,910	64,855	387	76.02
76.03	03023	0	186	0	13,637	81	76.03
76.04	03024	0	2,069	6,371	3,772	23	76.04
76.05	03025	0	889	267	1,199	7	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	148,755	52,604	2,815	81,794	488	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		927,952	1,262,644	5,064,711	1,307,916	7,979	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		927,952	1,262,644	5,064,711	1,307,916	7,979	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/29/2013 4:29 pm
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Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS				
	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.01 00510	COMMUNICATIONS				5.01
5.02 00511	ADMITTING				5.02
5.03 00512	PATIENT ACCOUNTING				5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
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
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	921,271			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	886,374	23,109,702	-886,374	30.00
31.00 03100	INTENSIVE CARE UNIT	0	4,145,049	0	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	0	2,289,933	0	32.00
41.00 04100	SUBPROVIDER - I&R	0	4,872,071	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	2,914,714	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	12,214	6,217,573	-12,214	50.00
50.01 05001	OUTPATIENT SURGERY	0	1,924,672	0	50.01
51.00 05100	RECOVERY ROOM	0	2,659,609	0	51.00
53.00 05300	ANESTHESIOLOGY	0	366,320	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	5,469,791	0	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,857,213	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	1,873,129	0	55.00
56.00 05600	RADIOISOTOPE	0	1,650,598	0	56.00
60.00 06000	LABORATORY	0	6,366,996	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	776,294	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	2,278,277	0	65.00
66.00 06600	PHYSICAL THERAPY	0	5,562,951	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	2,686,703	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	927,297	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,413,150	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	737,539	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,602,800	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,841,152	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	9,992,734	0	73.00
76.00 03020	ULTRASOUND	0	963,621	0	76.00
76.01 03021	PAIN CLINIC	0	880,685	0	76.01
76.02 03022	CATH LAB	0	3,438,693	0	76.02
76.03 03023	ACTIVITY THERAPY	0	3,136,687	0	76.03
76.04 03024	WOUND CARE CENTER	0	434,389	0	76.04
76.05 03025	BARITRIC CLINIC	0	808,328	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	22,683	6,802,836	-22,683	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	921,271	119,001,506	-921,271	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	170,228	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,983,744	0	192.00
192.01 19201	WORKING WELL	0	0	0	192.01
194.00 07950	RESIDENTIAL	0	4,531,376	0	194.00
194.01 07951	OMNI	0	0	0	194.01
194.02 07952	PSYCHIATRIC	0	1,562,099	0	194.02
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	921,271	132,248,953	-921,271	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150090

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 4:29 pm

Line	Code	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
				1.00	2.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	15,612	3,255	18,867	18,867	4.00
5.01	00510	COMMUNICATIONS	0	19,163	4,010	23,173	45	5.01
5.02	00511	ADMITTING	0	43,604	5,322	48,926	902	5.02
5.03	00512	PATIENT ACCOUNTING	0	9,349	1,740	11,089	13	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	187,694	386,265	573,959	1,164	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	788,572	35,171	823,743	350	6.00
7.00	00700	OPERATION OF PLANT	0	227,204	8,509	235,713	115	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	59,625	596	60,221	465	9.00
10.00	01000	DIETARY	0	56,439	13,483	69,922	124	10.00
11.00	01100	CAFETERIA	0	72,095	0	72,095	158	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,543	4,219	9,762	195	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	57,213	119,512	176,725	182	14.00
15.00	01500	PHARMACY	0	42,675	441	43,116	808	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	54,060	6,197	60,257	83	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,069,425	581,642	1,651,067	3,223	30.00
31.00	03100	INTENSIVE CARE UNIT	0	109,879	38,981	148,860	675	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	3,872	0	3,872	333	32.00
41.00	04100	SUBPROVIDER - I RF	0	65,700	23,990	89,690	734	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	628	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	182,427	476,788	659,215	578	50.00
50.01	05001	OUTPATIENT SURGERY	0	155,818	64,028	219,846	144	50.01
51.00	05100	RECOVERY ROOM	0	61,418	40,288	101,706	480	51.00
53.00	05300	ANESTHESIOLOGY	0	6,296	60,424	66,720	10	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	140,671	392,647	533,318	633	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	322,615	322,615	59	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	124,716	126,933	251,649	190	55.00
56.00	05600	RADIO SOTOPE	0	54,558	44,569	99,127	108	56.00
60.00	06000	LABORATORY	0	86,943	5,257	92,200	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	31,323	0	31,323	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	23,678	44,684	68,362	376	65.00
66.00	06600	PHYSICAL THERAPY	0	16,065	29,788	45,853	1,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,152	0	6,152	113	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	64	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,133	49,948	92,081	206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	58,220	16,752	74,972	88	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	ULTRASOUND	0	25,326	87,276	112,602	125	76.00
76.01	03021	PAIN CLINIC	0	17,105	21,161	38,266	160	76.01
76.02	03022	CATH LAB	0	47,488	95,372	142,860	241	76.02
76.03	03023	ACTIVITY THERAPY	0	63,133	174	63,307	627	76.03
76.04	03024	WOUND CARE CENTER	0	0	2,255	2,255	88	76.04
76.05	03025	BARIBATRIC CLINIC	0	21,321	2,542	23,863	108	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	134,785	39,485	174,270	1,289	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,187,300	3,156,319	7,343,619	16,918	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,807	0	8,807	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	149,556	11,193	160,749	1,327	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	335,324	29,078	364,402	614	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	292,993	5,839	298,832	0	194.02
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	4,973,980	3,202,429	8,176,409	18,867	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 4:29 pm
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Cost Center Description			COMMUNICATIONS	ADMINITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS	23,218					5.01
5.02	00511	ADMINITTING	379	50,207				5.02
5.03	00512	PATIENT ACCOUNTING	2,697	0	13,799			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	2,549	0	0	577,672		5.04
6.00	00600	MAINTENANCE & REPAIRS	906	0	0	21,046	846,045	6.00
7.00	00700	OPERATION OF PLANT	211	0	0	18,112	49,163	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,226	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,467	12,902	9.00
10.00	01000	DIETARY	232	0	0	3,793	12,212	10.00
11.00	01100	CAFETERIA	379	0	0	3,656	15,600	11.00
13.00	01300	NURSING ADMINISTRATION	232	0	0	3,937	1,199	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	232	0	0	4,566	12,380	14.00
15.00	01500	PHARMACY	611	0	0	21,206	9,234	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,969	0	0	4,914	11,698	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	190	0	0	4,025	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,454	3,943	1,070	73,955	231,402	30.00
31.00	03100	INTENSIVE CARE UNIT	147	874	237	15,444	23,776	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	318	86	9,828	838	32.00
41.00	04100	SUBPROVIDER - I RF	0	1,459	396	19,897	14,216	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	126	34	12,718	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	695	3,267	886	23,303	39,474	50.00
50.01	05001	OUTPATIENT SURGERY	0	1,086	295	5,979	33,716	50.01
51.00	05100	RECOVERY ROOM	169	624	169	10,321	13,290	51.00
53.00	05300	ANESTHESIOLOGY	42	1,095	297	1,321	1,362	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	885	5,613	1,523	20,972	30,438	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	558	151	8,008	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	723	196	6,334	26,986	55.00
56.00	05600	RADIOISOTOPE	274	987	268	4,834	11,805	56.00
60.00	06000	LABORATORY	801	5,518	1,497	25,993	18,813	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	316	86	2,926	6,778	63.00
65.00	06500	RESPIRATORY THERAPY	232	1,054	286	9,373	5,123	65.00
66.00	06600	PHYSICAL THERAPY	232	1,947	528	23,555	3,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	21	262	71	11,602	1,331	67.00
68.00	06800	SPEECH PATHOLOGY	21	151	41	4,022	0	68.00
69.00	06900	ELECTROCARDIOLOGY	464	1,267	344	5,227	9,117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	169	334	91	2,322	12,598	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,910	789	11,038	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,068	561	42,754	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,094	1,832	18,913	0	73.00
76.00	03020	ULTRASOUND	0	850	231	3,734	5,480	76.00
76.01	03021	PAIN CLINIC	42	403	109	3,513	3,701	76.01
76.02	03022	CATH LAB	0	2,496	677	13,735	10,275	76.02
76.03	03023	ACTIVITY THERAPY	147	525	142	12,587	13,661	76.03
76.04	03024	WOUND CARE CENTER	169	145	39	1,820	0	76.04
76.05	03025	BARIATRIC CLINIC	169	46	13	3,199	4,613	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	506	3,148	854	26,158	29,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,226	50,207	13,799	532,333	675,822	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	105	0	0	616	1,906	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,938	0	0	28,178	32,361	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	990	0	0	14,897	72,558	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	1,959	0	0	1,648	63,398	194.02
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)	23,218	50,207	13,799	577,672	846,045	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 4:29 pm			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	ADMINISTRATIVE					5.02
5.03	00512	PATIENT ACCOUNTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	303,314				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,226			8.00
9.00	00900	HOUSEKEEPING	4,911	0	88,966		9.00
10.00	01000	DIETARY	4,648	0	1,386	92,317	10.00
11.00	01100	CAFETERIA	5,938	0	1,770	0	99,596
13.00	01300	NURSING ADMINISTRATION	457	0	136	0	866
14.00	01400	CENTRAL SERVICES & SUPPLY	4,712	0	1,405	0	2,047
15.00	01500	PHARMACY	3,515	0	1,048	0	4,054
16.00	01600	MEDICAL RECORDS & LIBRARY	4,452	0	1,327	0	1,141
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,076	907	26,261	68,289	26,886
31.00	03100	INTENSIVE CARE UNIT	9,050	73	2,698	5,502	4,334
32.00	02060	NEONATAL INTENSIVE CARE UNIT	319	0	95	0	1,540
41.00	04100	SUBPROVIDER - IRF	5,411	0	1,613	0	5,308
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,025	0	4,479	0	4,071
50.01	05001	OUTPATIENT SURGERY	12,833	0	3,826	0	831
51.00	05100	RECOVERY ROOM	5,058	0	1,508	0	2,554
53.00	05300	ANESTHESIOLOGY	519	0	155	0	131
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,586	0	3,454	0	4,382
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	331
55.00	05500	RADIOLOGY-THERAPEUTIC	10,272	0	3,062	0	936
56.00	05600	RADIOISOTOPE	4,493	0	1,340	0	464
60.00	06000	LABORATORY	7,161	0	2,135	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,580	0	769	0	0
65.00	06500	RESPIRATORY THERAPY	1,950	0	581	0	2,491
66.00	06600	PHYSICAL THERAPY	1,323	0	394	0	6,218
67.00	06700	OCCUPATIONAL THERAPY	507	0	151	0	413
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	205
69.00	06900	ELECTROCARDIOLOGY	3,470	0	1,035	0	1,454
70.00	07000	ELECTROENCEPHALOGRAPHY	4,795	0	1,430	0	588
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	ULTRASOUND	2,086	0	622	0	491
76.01	03021	PAIN CLINIC	1,409	0	420	0	827
76.02	03022	CATH LAB	3,911	0	1,166	0	1,264
76.03	03023	ACTIVITY THERAPY	5,200	0	1,550	0	4,084
76.04	03024	WOUND CARE CENTER	0	0	0	0	516
76.05	03025	BARITRIC CLINIC	1,756	0	524	0	635
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,101	0	3,310	0	7,793
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	238,524	980	69,650	73,791	86,855
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	0	216	0	150
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,317	0	3,672	0	6,040
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	27,617	0	8,234	0	6,550
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	24,131	246	7,194	18,526	1,194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	303,314	1,226	88,966	92,317	99,596

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 4:29 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	ADMITTING					5.02
5.03	00512	PATIENT ACCOUNTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	16,784				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	293	202,542			14.00
15.00	01500	PHARMACY	518	728	84,838		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	222	0	87,063	16.00
17.00	01700	SOCIAL SERVICE	144	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,948	18,534	72	6,816	30.00
31.00	03100	INTENSIVE CARE UNIT	1,670	3,945	4	1,511	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	516	2	550	32.00
41.00	04100	SUBPROVIDER - I RF	0	2,294	37	2,522	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	218	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,392	14,867	8	5,647	50.00
50.01	05001	OUTPATIENT SURGERY	29	3,908	72	1,878	50.01
51.00	05100	RECOVERY ROOM	912	1,572	9	1,079	51.00
53.00	05300	ANESTHESIOLOGY	51	1,791	4	1,894	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,501	1	9,702	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	934	2	965	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	528	0	1,250	55.00
56.00	05600	RADIOISOTOPE	0	44	5,727	1,706	56.00
60.00	06000	LABORATORY	0	0	0	9,540	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	546	63.00
65.00	06500	RESPIRATORY THERAPY	0	619	6	1,822	65.00
66.00	06600	PHYSICAL THERAPY	0	532	0	3,366	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	59	0	453	67.00
68.00	06800	SPEECH PATHOLOGY	0	66	0	261	68.00
69.00	06900	ELECTROCARDIOLOGY	576	633	0	2,189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101	441	0	578	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,030	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	128,740	78,694	10,804	73.00
76.00	03020	ULTRASOUND	0	287	5	1,469	76.00
76.01	03021	PAIN CLINIC	0	499	5	697	76.01
76.02	03022	CATH LAB	459	6,339	32	4,315	76.02
76.03	03023	ACTIVITY THERAPY	0	30	0	907	76.03
76.04	03024	WOUND CARE CENTER	0	332	107	251	76.04
76.05	03025	BARIBATRIC CLINIC	0	143	4	80	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,691	8,438	47	5,442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,784	202,542	84,838	87,063	144
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,784	202,542	84,838	87,063	144

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 4:29 pm
Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS				
	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.01 00510	COMMUNICATIONS				5.01
5.02 00511	ADMITTING				5.02
5.03 00512	PATIENT ACCOUNTING				5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
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
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,215			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS		2,209,903	0	30.00
31.00 03100	INTENSIVE CARE UNIT		218,800	0	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT		18,297	0	32.00
41.00 04100	SUBPROVIDER - IIRF		143,577	0	41.00
42.00 04200	SUBPROVIDER		0	0	42.00
43.00 04300	NURSERY		13,724	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM		772,907	0	50.00
50.01 05001	OUTPATIENT SURGERY		284,443	0	50.01
51.00 05100	RECOVERY ROOM		139,451	0	51.00
53.00 05300	ANESTHESIOLOGY		75,392	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		628,008	0	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES		333,623	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC		302,126	0	55.00
56.00 05600	RADIOISOTOPE		131,177	0	56.00
60.00 06000	LABORATORY		163,658	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		45,324	0	63.00
65.00 06500	RESPIRATORY THERAPY		92,275	0	65.00
66.00 06600	PHYSICAL THERAPY		88,458	0	66.00
67.00 06700	OCCUPATIONAL THERAPY		21,135	0	67.00
68.00 06800	SPEECH PATHOLOGY		4,831	0	68.00
69.00 06900	ELECTROCARDIOLOGY		118,063	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY		98,507	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		19,767	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		48,958	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		245,221	0	73.00
76.00 03020	ULTRASOUND		127,982	0	76.00
76.01 03021	PAIN CLINIC		50,051	0	76.01
76.02 03022	CATH LAB		187,770	0	76.02
76.03 03023	ACTIVITY THERAPY		102,767	0	76.03
76.04 03024	WOUND CARE CENTER		5,722	0	76.04
76.05 03025	BARITRIC CLINIC		35,153	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY		274,212	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,001,282	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		12,533	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES		246,582	0	192.00
192.01 19201	WORKING WELL		0	0	192.01
194.00 07950	RESIDENTIAL		495,862	0	194.00
194.01 07951	OMNI		0	0	194.01
194.02 07952	PSYCHIATRIC		415,935	0	194.02
200.00	Cross Foot Adjustments	4,215	4,215	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,215	8,176,409	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	5.02
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	449,554					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		2,757,518				2.00
4.00 00400 EMPLOYEE BENEFITS	1,411	2,803	49,536,353			4.00
5.01 00510 COMMUNICATIONS	1,732	3,453	117,266	1,102		5.01
5.02 00511 ADMITTING	3,941	4,583	2,368,357	18	390,230,284	5.02
5.03 00512 PATIENT ACCOUNTING	845	1,498	33,000	128	0	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	16,964	332,601	3,054,699	121	0	5.04
6.00 00600 MAINTENANCE & REPAIRS	71,272	30,285	919,806	43	0	6.00
7.00 00700 OPERATION OF PLANT	20,535	7,327	302,807	10	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	5,389	513	1,221,390	0	0	9.00
10.00 01000 DIETARY	5,101	11,610	325,271	11	0	10.00
11.00 01100 CAFETERIA	6,516	0	415,488	18	0	11.00
13.00 01300 NURSING ADMINISTRATION	501	3,633	511,893	11	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	5,171	102,908	478,172	11	0	14.00
15.00 01500 PHARMACY	3,857	380	2,120,195	29	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,886	5,336	218,796	141	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	96,656	500,834	8,465,525	69	30,563,341	30.00
31.00 03100 INTENSIVE CARE UNIT	9,931	33,565	1,772,361	7	6,773,776	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	350	0	873,808	0	2,465,182	32.00
41.00 04100 SUBPROVIDER - I RF	5,938	20,657	1,926,815	0	11,307,189	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	1,647,825	0	977,805	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	16,488	410,548	1,517,774	33	25,323,374	50.00
50.01 05001 OUTPATIENT SURGERY	14,083	55,133	378,583	0	8,422,138	50.01
51.00 05100 RECOVERY ROOM	5,551	34,691	1,261,089	8	4,836,680	51.00
53.00 05300 ANESTHESIOLOGY	569	52,029	25,869	2	8,492,141	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,714	338,097	1,660,972	42	43,508,654	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	277,794	155,934	0	4,326,915	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	11,272	109,298	498,433	0	5,607,024	55.00
56.00 05600 RADIOISOTOPE	4,931	38,377	284,457	13	7,649,149	56.00
60.00 06000 LABORATORY	7,858	4,527	0	38	42,778,504	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	2,450,401	63.00
65.00 06500 RESPIRATORY THERAPY	2,140	38,476	987,718	11	8,172,115	65.00
66.00 06600 PHYSICAL THERAPY	1,452	25,650	2,713,150	11	15,094,939	66.00
67.00 06700 OCCUPATIONAL THERAPY	556	0	297,447	1	2,032,929	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	168,705	1	1,171,033	68.00
69.00 06900 ELECTROCARDIOLOGY	3,808	43,009	540,458	22	9,817,919	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,262	14,425	231,584	8	2,592,758	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,554,535	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,032,042	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	48,264,626	73.00
76.00 03020 ULTRASOUND	2,289	75,151	329,291	0	6,588,098	76.00
76.01 03021 PAIN CLINIC	1,546	18,221	420,464	2	3,126,164	76.01
76.02 03022 CATH LAB	4,292	82,122	632,842	0	19,348,288	76.02
76.03 03023 ACTIVITY THERAPY	5,706	150	1,646,075	7	4,068,194	76.03
76.04 03024 WOUND CARE CENTER	0	1,942	229,752	8	1,125,206	76.04
76.05 03025 BARIATRIC CLINIC	1,927	2,189	283,283	8	357,592	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	12,182	33,999	3,382,232	24	24,401,573	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	378,453	2,717,814	44,419,586	865	390,230,284	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	0	21,355	5	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	13,517	9,638	3,482,588	92	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	30,307	25,038	1,612,824	47	0	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	26,481	5,028	0	93	0	194.02
200.00						200.00
201.00						201.00
202.00	4,973,980	3,202,429	19,671,970	211,746	3,807,184	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
203.00	Unit cost multiplier (Wkst. B, Part I)	11.064255	1.161345	0.397122	192.147005	0.009756	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			18,867	23,218	50,207	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000381	21.068966	0.000129	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	ADMINISTRATIVE					5.02
5.03	00512	PATIENT ACCOUNTING	390,230,284				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-21,255,257	110,993,696		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,043,326	353,389	6.00
7.00	00700	OPERATION OF PLANT	0	0	3,479,676	20,535	332,854
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	235,636	0	0
9.00	00900	HOUSEKEEPING	0	0	2,011,020	5,389	5,389
10.00	01000	DIETARY	0	0	728,794	5,101	5,101
11.00	01100	CAFETERIA	0	0	702,456	6,516	6,516
13.00	01300	NURSING ADMINISTRATION	0	0	756,463	501	501
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	877,202	5,171	5,171
15.00	01500	PHARMACY	0	0	4,074,239	3,857	3,857
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	944,068	4,886	4,886
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	773,203	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,563,341	0	14,217,574	96,656	96,656
31.00	03100	INTENSIVE CARE UNIT	6,773,776	0	2,967,088	9,931	9,931
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,465,182	0	1,888,121	350	350
41.00	04100	SUBPROVIDER - IRF	11,307,189	0	3,822,727	5,938	5,938
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	977,805	0	2,443,488	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,323,374	0	4,477,046	16,488	16,488
50.01	05001	OUTPATIENT SURGERY	8,422,138	0	1,148,653	14,083	14,083
51.00	05100	RECOVERY ROOM	4,836,680	0	1,982,941	5,551	5,551
53.00	05300	ANESTHESIOLOGY	8,492,141	0	253,760	569	569
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,508,654	0	4,029,274	12,714	12,714
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	4,326,915	0	1,538,512	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	5,607,024	0	1,216,881	11,272	11,272
56.00	05600	RADIOISOTOPE	7,649,149	0	928,763	4,931	4,931
60.00	06000	LABORATORY	42,778,504	0	4,993,833	7,858	7,858
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,450,401	0	562,168	2,831	2,831
65.00	06500	RESPIRATORY THERAPY	8,172,115	0	1,800,832	2,140	2,140
66.00	06600	PHYSICAL THERAPY	15,094,939	0	4,525,383	1,452	1,452
67.00	06700	OCCUPATIONAL THERAPY	2,032,929	0	2,228,938	556	556
68.00	06800	SPEECH PATHOLOGY	1,171,033	0	772,766	0	0
69.00	06900	ELECTROCARDIOLOGY	9,817,919	0	1,004,310	3,808	3,808
70.00	07000	ELECTROENCEPHALOGRAPHY	2,592,758	0	446,180	5,262	5,262
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,554,535	0	2,120,643	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,032,042	0	8,214,093	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	48,264,626	0	3,633,667	0	0
76.00	03020	ULTRASOUND	6,588,098	0	717,325	2,289	2,289
76.01	03021	PAIN CLINIC	3,126,164	0	674,992	1,546	1,546
76.02	03022	CATH LAB	19,348,288	0	2,638,894	4,292	4,292
76.03	03023	ACTIVITY THERAPY	4,068,194	0	2,418,169	5,706	5,706
76.04	03024	WOUND CARE CENTER	1,125,206	0	349,687	0	0
76.05	03025	BARITRIC CLINIC	357,592	0	614,639	1,927	1,927
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	24,401,573	0	5,025,532	12,182	12,182
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	390,230,284	-21,255,257	102,282,962	282,288	261,753
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	118,346	796	796
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,413,653	13,517	13,517
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	0	0	2,862,033	30,307	30,307
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	0	0	316,702	26,481	26,481
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)	84,472		21,255,257	4,817,623	4,425,980
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000216		0.191500	13.632634	13.297061

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	13,799		577,672	846,045	303,314	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000035		0.005205	2.394090	0.911252	205.00

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	ADMINISTRATION					5.02
5.03	00512	PATIENT ACCOUNTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	661,615				8.00
9.00	00900	HOUSEKEEPING	0	327,465			9.00
10.00	01000	DIETARY	0	5,101	155,666		10.00
11.00	01100	CAFETERIA	0	6,516	0	1,363,151	11.00
13.00	01300	NURSING ADMINISTRATION	0	501	0	11,856	27,797
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,171	0	28,022	486
15.00	01500	PHARMACY	0	3,857	0	55,490	858
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,886	0	15,620	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	239
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	489,407	96,656	115,149	367,979	13,161
31.00	03100	INTENSIVE CARE UNIT	39,435	9,931	9,278	59,313	2,765
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	350	0	21,074	0
41.00	04100	SUBPROVIDER - IRF	0	5,938	0	72,648	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,488	0	55,717	2,306
50.01	05001	OUTPATIENT SURGERY	0	14,083	0	11,373	48
51.00	05100	RECOVERY ROOM	0	5,551	0	34,960	1,511
53.00	05300	ANESTHESIOLOGY	0	569	0	1,788	84
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,714	0	59,972	0
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	4,529	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,272	0	12,812	0
56.00	05600	RADIOISOTOPE	0	4,931	0	6,352	0
60.00	06000	LABORATORY	0	7,858	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,831	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	2,140	0	34,093	0
66.00	06600	PHYSICAL THERAPY	0	1,452	0	85,110	0
67.00	06700	OCCUPATIONAL THERAPY	0	556	0	5,656	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,800	0
69.00	06900	ELECTROCARDIOLOGY	0	3,808	0	19,899	954
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,262	0	8,051	168
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	ULTRASOUND	0	2,289	0	6,718	0
76.01	03021	PAIN CLINIC	0	1,546	0	11,316	0
76.02	03022	CATH LAB	0	4,292	0	17,298	761
76.03	03023	ACTIVITY THERAPY	0	5,706	0	55,901	0
76.04	03024	WOUND CARE CENTER	0	0	0	7,056	0
76.05	03025	BARIATRIC CLINIC	0	1,927	0	8,690	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	12,182	0	106,667	4,456
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	528,842	256,364	124,427	1,188,760	27,797
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	796	0	2,059	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,517	0	82,674	0
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	0	30,307	0	89,651	0
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	132,773	26,481	31,239	7	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	280,760	2,541,254	1,045,312	1,063,017	927,952
203.00		Unit cost multiplier (Wkst. B, Part I)	0.424356	7.760384	6.715095	0.779823	33.383171

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	1,226	88,966	92,317	99,596	16,784	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001853	0.271681	0.593045	0.073063	0.603806	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 COMMUNICATIONS						5.01
5.02 00511 ADMITTING						5.02
5.03 00512 PATIENT ACCOUNTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,822,178					14.00
15.00 01500 PHARMACY	13,744	3,283,208				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,187	0	390,230,284			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	390,230,284		17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	5,280	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	349,750	2,777	30,563,341	30,563,341	5,080	30.00
31.00 03100 INTENSIVE CARE UNIT	74,450	147	6,773,776	6,773,776	0	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	9,738	86	2,465,182	2,465,182	0	32.00
41.00 04100 SUBPROVIDER - I&R	43,292	1,439	11,307,189	11,307,189	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	977,805	977,805	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	280,555	316	25,323,374	25,323,374	70	50.00
50.01 05001 OUTPATIENT SURGERY	73,750	2,774	8,422,138	8,422,138	0	50.01
51.00 05100 RECOVERY ROOM	29,657	362	4,836,680	4,836,680	0	51.00
53.00 05300 ANESTHESIOLOGY	33,806	145	8,492,141	8,492,141	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	103,819	56	43,508,654	43,508,654	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	17,624	85	4,326,915	4,326,915	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	9,963	0	5,607,024	5,607,024	0	55.00
56.00 05600 RADIOISOTOPE	826	221,638	7,649,149	7,649,149	0	56.00
60.00 06000 LABORATORY	0	0	42,778,504	42,778,504	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,450,401	2,450,401	0	63.00
65.00 06500 RESPIRATORY THERAPY	11,681	225	8,172,115	8,172,115	0	65.00
66.00 06600 PHYSICAL THERAPY	10,038	0	15,094,939	15,094,939	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,116	0	2,032,929	2,032,929	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,252	0	1,171,033	1,171,033	0	68.00
69.00 06900 ELECTROCARDIOLOGY	11,937	0	9,817,919	9,817,919	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	8,318	0	2,592,758	2,592,758	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	22,554,535	22,554,535	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	16,032,042	16,032,042	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,429,479	3,045,399	48,264,626	48,264,626	0	73.00
76.00 03020 ULTRASOUND	5,415	181	6,588,098	6,588,098	0	76.00
76.01 03021 PAIN CLINIC	9,409	212	3,126,164	3,126,164	0	76.01
76.02 03022 CATH LAB	119,618	1,238	19,348,288	19,348,288	0	76.02
76.03 03023 ACTIVITY THERAPY	563	0	4,068,194	4,068,194	0	76.03
76.04 03024 WOUND CARE CENTER	6,262	4,130	1,125,206	1,125,206	0	76.04
76.05 03025 BARIATRIC CLINIC	2,690	173	357,592	357,592	0	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	159,239	1,825	24,401,573	24,401,573	130	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,822,178	3,283,208	390,230,284	390,230,284	5,280	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	0	0	0	0	0	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	
		14.00	15.00	16.00	17.00	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,262,644	5,064,711	1,307,916	7,979	921,271	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.330347	1.542610	0.003352	0.000020	174.483144	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	202,542	84,838	87,063	144	4,215	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.052991	0.025840	0.000223	0.000000	0.798295	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	22,223,328		22,223,328	0	22,223,328	28,496,346	30.00
31.00	03100	INTENSIVE CARE UNIT	4,145,049		4,145,049	0	4,145,049	6,773,776	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,289,933		2,289,933	0	2,289,933	2,465,182	32.00
41.00	04100	SUBPROVIDER - I RF	4,872,071		4,872,071	0	4,872,071	11,307,189	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	2,914,714		2,914,714	0	2,914,714	977,805	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,205,359		6,205,359	0	6,205,359	15,473,041	50.00
50.01	05001	OUTPATIENT SURGERY	1,924,672		1,924,672	22,514	1,947,186	3,276,383	50.01
51.00	05100	RECOVERY ROOM	2,659,609		2,659,609	0	2,659,609	2,470,190	51.00
53.00	05300	ANESTHESIOLOGY	366,320		366,320	0	366,320	3,694,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,469,791		5,469,791	0	5,469,791	15,605,297	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,857,213		1,857,213	0	1,857,213	1,413,566	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,873,129		1,873,129	0	1,873,129	261,713	55.00
56.00	05600	RADIOISOTOPE	1,650,598		1,650,598	0	1,650,598	1,846,881	56.00
60.00	06000	LABORATORY	6,366,996		6,366,996	0	6,366,996	22,117,346	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	776,294		776,294	0	776,294	2,106,068	63.00
65.00	06500	RESPIRATORY THERAPY	2,278,277	0	2,278,277	6,440	2,284,717	7,701,613	65.00
66.00	06600	PHYSICAL THERAPY	5,562,951	0	5,562,951	9,686	5,572,637	5,862,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,686,703	0	2,686,703	0	2,686,703	2,019,125	67.00
68.00	06800	SPEECH PATHOLOGY	927,297	0	927,297	0	927,297	715,002	68.00
69.00	06900	ELECTROCARDIOLOGY	1,413,150		1,413,150	0	1,413,150	4,965,117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	737,539		737,539	1,862	739,401	415,893	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,602,800		2,602,800	0	2,602,800	17,523,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,841,152		9,841,152	0	9,841,152	11,776,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,992,734		9,992,734	0	9,992,734	39,164,124	73.00
76.00	03020	ULTRASOUND	963,621		963,621	0	963,621	2,420,480	76.00
76.01	03021	PAIN CLINIC	880,685		880,685	0	880,685	2,871	76.01
76.02	03022	CATH LAB	3,438,693		3,438,693	0	3,438,693	12,578,182	76.02
76.03	03023	ACTIVITY THERAPY	3,136,687		3,136,687	0	3,136,687	2,198,730	76.03
76.04	03024	WOUND CARE CENTER	434,389		434,389	166	434,555	8,681	76.04
76.05	03025	BARITRIC CLINIC	808,328		808,328	0	808,328	0	76.05
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	6,780,153		6,780,153	15,981	6,796,134	7,859,796	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,782,518		1,782,518		1,782,518	464,747	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	119,862,753	0	119,862,753	56,649	119,919,402	233,961,416	200.00
201.00		Less Observation Beds	1,782,518		1,782,518		1,782,518		201.00
202.00		Total (see instructions)	118,080,235	0	118,080,235	56,649	118,136,884	233,961,416	202.00
Charges									
Cost Center Description	Outpatient		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	7.00	8.00					9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	28,496,346						30.00
31.00	03100	INTENSIVE CARE UNIT	6,773,776						31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,465,182						32.00
41.00	04100	SUBPROVIDER - I RF	11,307,189						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	977,805						43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,850,333	25,323,374	0.245045	0.000000	0.245045		50.00
50.01	05001	OUTPATIENT SURGERY	5,145,755	8,422,138	0.228525	0.000000	0.231199		50.01
51.00	05100	RECOVERY ROOM	2,366,490	4,836,680	0.549883	0.000000	0.549883		51.00
53.00	05300	ANESTHESIOLOGY	4,797,667	8,492,141	0.043136	0.000000	0.043136		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,903,357	43,508,654	0.125717	0.000000	0.125717		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,913,349	4,326,915	0.429223	0.000000	0.429223		54.01

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

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Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00					
55.00	05500	RADIOLOGY-THERAPEUTIC	5,345,311	5,607,024	0.334068	0.000000	0.334068		55.00
56.00	05600	RADIOISOTOPE	5,802,268	7,649,149	0.215788	0.000000	0.215788		56.00
60.00	06000	LABORATORY	20,661,158	42,778,504	0.148836	0.000000	0.148836		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	344,333	2,450,401	0.316803	0.000000	0.316803		63.00
65.00	06500	RESPIRATORY THERAPY	470,502	8,172,115	0.278787	0.000000	0.279575		65.00
66.00	06600	PHYSICAL THERAPY	9,232,654	15,094,939	0.368531	0.000000	0.369173		66.00
67.00	06700	OCCUPATIONAL THERAPY	13,804	2,032,929	1.321592	0.000000	1.321592		67.00
68.00	06800	SPEECH PATHOLOGY	456,031	1,171,033	0.791862	0.000000	0.791862		68.00
69.00	06900	ELECTROCARDIOLOGY	4,852,802	9,817,919	0.143936	0.000000	0.143936		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,176,865	2,592,758	0.284461	0.000000	0.285179		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,031,039	22,554,535	0.115400	0.000000	0.115400		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,256,025	16,032,042	0.613843	0.000000	0.613843		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,100,502	48,264,626	0.207041	0.000000	0.207041		73.00
76.00	03020	ULTRASOUND	4,167,618	6,588,098	0.146267	0.000000	0.146267		76.00
76.01	03021	PAIN CLINIC	3,123,293	3,126,164	0.281714	0.000000	0.281714		76.01
76.02	03022	CATH LAB	6,770,106	19,348,288	0.177726	0.000000	0.177726		76.02
76.03	03023	ACTIVITY THERAPY	1,869,464	4,068,194	0.771027	0.000000	0.771027		76.03
76.04	03024	WOUND CARE CENTER	1,116,525	1,125,206	0.386053	0.000000	0.386200		76.04
76.05	03025	BARITRIC CLINIC	357,592	357,592	2.260476	0.000000	2.260476		76.05
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	16,541,777	24,401,573	0.277857	0.000000	0.278512		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,602,248	2,066,995	0.862372	0.000000	0.862372		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	156,268,868	390,230,284					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	156,268,868	390,230,284					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C
Part I
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			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	22,223,328		22,223,328	0	0	28,496,346	30.00
31.00	03100	INTENSIVE CARE UNIT	4,145,049		4,145,049	0	0	6,773,776	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,289,933		2,289,933	0	0	2,465,182	32.00
41.00	04100	SUBPROVIDER - I RF	4,872,071		4,872,071	0	0	11,307,189	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	2,914,714		2,914,714	0	0	977,805	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,205,359		6,205,359	0	0	15,473,041	50.00
50.01	05001	OUTPATIENT SURGERY	1,924,672		1,924,672	0	0	3,276,383	50.01
51.00	05100	RECOVERY ROOM	2,659,609		2,659,609	0	0	2,470,190	51.00
53.00	05300	ANESTHESIOLOGY	366,320		366,320	0	0	3,694,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,469,791		5,469,791	0	0	15,605,297	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,857,213		1,857,213	0	0	1,413,566	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,873,129		1,873,129	0	0	261,713	55.00
56.00	05600	RADIOISOTOPE	1,650,598		1,650,598	0	0	1,846,881	56.00
60.00	06000	LABORATORY	6,366,996		6,366,996	0	0	22,117,346	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	776,294		776,294	0	0	2,106,068	63.00
65.00	06500	RESPIRATORY THERAPY	2,278,277	0	2,278,277	0	0	7,701,613	65.00
66.00	06600	PHYSICAL THERAPY	5,562,951	0	5,562,951	0	0	5,862,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,686,703	0	2,686,703	0	0	2,019,125	67.00
68.00	06800	SPEECH PATHOLOGY	927,297	0	927,297	0	0	715,002	68.00
69.00	06900	ELECTROCARDIOLOGY	1,413,150		1,413,150	0	0	4,965,117	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	737,539		737,539	0	0	415,893	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,602,800		2,602,800	0	0	17,523,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,841,152		9,841,152	0	0	11,776,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,992,734		9,992,734	0	0	39,164,124	73.00
76.00	03020	ULTRASOUND	963,621		963,621	0	0	2,420,480	76.00
76.01	03021	PAIN CLINIC	880,685		880,685	0	0	2,871	76.01
76.02	03022	CATH LAB	3,438,693		3,438,693	0	0	12,578,182	76.02
76.03	03023	ACTIVITY THERAPY	3,136,687		3,136,687	0	0	2,198,730	76.03
76.04	03024	WOUND CARE CENTER	434,389		434,389	0	0	8,681	76.04
76.05	03025	BARITRIC CLINIC	808,328		808,328	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	6,780,153		6,780,153	0	0	7,859,796	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,782,518		1,782,518	0	0	464,747	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	119,862,753	0	119,862,753	0	0	233,961,416	200.00
201.00		Less Observation Beds	1,782,518		1,782,518		0		201.00
202.00		Total (see instructions)	118,080,235	0	118,080,235	0	0	233,961,416	202.00
			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description		Outpatient	Total (col. 6 + col. 7)						
		7.00	8.00	9.00	10.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		28,496,346					30.00
31.00	03100	INTENSIVE CARE UNIT		6,773,776					31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		2,465,182					32.00
41.00	04100	SUBPROVIDER - I RF		11,307,189					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		977,805					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,850,333	25,323,374	0.245045	0.245045	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	5,145,755	8,422,138	0.228525	0.228525	0.000000		50.01
51.00	05100	RECOVERY ROOM	2,366,490	4,836,680	0.549883	0.549883	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	4,797,667	8,492,141	0.043136	0.043136	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,903,357	43,508,654	0.125717	0.125717	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,913,349	4,326,915	0.429223	0.429223	0.000000		54.01

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital Cost
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00				
9.00	10.00	11.00						
55.00	05500	RADIOLOGY-THERAPEUTIC	5,345,311	5,607,024	0.334068	0.334068	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,802,268	7,649,149	0.215788	0.215788	0.000000	56.00
60.00	06000	LABORATORY	20,661,158	42,778,504	0.148836	0.148836	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	344,333	2,450,401	0.316803	0.316803	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	470,502	8,172,115	0.278787	0.278787	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,232,654	15,094,939	0.368531	0.368531	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,804	2,032,929	1.321592	1.321592	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	456,031	1,171,033	0.791862	0.791862	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,852,802	9,817,919	0.143936	0.143936	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,176,865	2,592,758	0.284461	0.284461	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,031,039	22,554,535	0.115400	0.115400	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,256,025	16,032,042	0.613843	0.613843	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,100,502	48,264,626	0.207041	0.207041	0.000000	73.00
76.00	03020	ULTRASOUND	4,167,618	6,588,098	0.146267	0.146267	0.000000	76.00
76.01	03021	PAIN CLINIC	3,123,293	3,126,164	0.281714	0.281714	0.000000	76.01
76.02	03022	CATH LAB	6,770,106	19,348,288	0.177726	0.177726	0.000000	76.02
76.03	03023	ACTIVITY THERAPY	1,869,464	4,068,194	0.771027	0.771027	0.000000	76.03
76.04	03024	WOUND CARE CENTER	1,116,525	1,125,206	0.386053	0.386053	0.000000	76.04
76.05	03025	BARIATRIC CLINIC	357,592	357,592	2.260476	2.260476	0.000000	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,541,777	24,401,573	0.277857	0.277857	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,602,248	2,066,995	0.862372	0.862372	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	156,268,868	390,230,284				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	156,268,868	390,230,284				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/29/2013 4:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,209,903	0	2,209,903	26,780	82.52	30.00
31.00	INTENSIVE CARE UNIT	218,800		218,800	2,873	76.16	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	18,297		18,297	680	26.91	32.00
41.00	SUBPROVIDER - IRF	143,577	0	143,577	7,335	19.57	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	13,724		13,724	707	19.41	43.00
200.00	Total (Lines 30-199)	2,604,301		2,604,301	38,375		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,706	1,213,539				
31.00	INTENSIVE CARE UNIT	1,790	136,326				
32.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	5,853	114,543				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	22,349	1,464,408				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/29/2013 4:29 pm
		Title XVIII		Hospital
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	772,907	25,323,374	0.030521	4,443,435	135,618	50.00
50.01	05001 OUTPATIENT SURGERY	284,443	8,422,138	0.033773	1,892,916	63,929	50.01
51.00	05100 RECOVERY ROOM	139,451	4,836,680	0.028832	980,677	28,275	51.00
53.00	05300 ANESTHESIOLOGY	75,392	8,492,141	0.008878	1,399,842	12,428	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	628,008	43,508,654	0.014434	8,909,502	128,600	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	333,623	4,326,915	0.077104	1,137	88	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	302,126	5,607,024	0.053883	175,398	9,451	55.00
56.00	05600 RADIOISOTOPE	131,177	7,649,149	0.017149	985,975	16,908	56.00
60.00	06000 LABORATORY	163,658	42,778,504	0.003826	9,712,484	37,160	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	45,324	2,450,401	0.018497	1,310,593	24,242	63.00
65.00	06500 RESPIRATORY THERAPY	92,275	8,172,115	0.011291	5,064,459	57,183	65.00
66.00	06600 PHYSICAL THERAPY	88,458	15,094,939	0.005860	1,137,228	6,664	66.00
67.00	06700 OCCUPATIONAL THERAPY	21,135	2,032,929	0.010396	407,083	4,232	67.00
68.00	06800 SPEECH PATHOLOGY	4,831	1,171,033	0.004125	173,745	717	68.00
69.00	06900 ELECTROCARDIOLOGY	118,063	9,817,919	0.012025	2,999,320	36,067	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	98,507	2,592,758	0.037993	229,066	8,703	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,767	22,554,535	0.000876	9,598,397	8,408	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	48,958	16,032,042	0.003054	5,871,327	17,931	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	245,221	48,264,626	0.005081	20,155,210	102,409	73.00
76.00	03020 ULTRASOUND	127,982	6,588,098	0.019426	1,402,285	27,241	76.00
76.01	03021 PAIN CLINIC	50,051	3,126,164	0.016010	1,808	29	76.01
76.02	03022 CATH LAB	187,770	19,348,288	0.009705	7,414,684	71,960	76.02
76.03	03023 ACTIVITY THERAPY	102,767	4,068,194	0.025261	50,891	1,286	76.03
76.04	03024 WOUND CARE CENTER	5,722	1,125,206	0.005085	537	3	76.04
76.05	03025 BARIATRIC CLINIC	35,153	357,592	0.098305	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	274,212	24,401,573	0.011237	4,698,606	52,798	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	177,255	2,066,995	0.085755	269,447	23,106	92.00
200.00	Total (lines 50-199)	4,574,236	340,209,986		89,286,052	875,436	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/29/2013 4:29 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,780	0.00	14,706	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,873	0.00	1,790	0		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	680	0.00	0	0		32.00
41.00	04100	SUBPROVIDER - I RF	7,335	0.00	5,853	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	707	0.00	0	0		43.00
200.00		Total (lines 30-199)	38,375		22,349	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00		5.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 03020 ULTRASOUND	0	0	0	0	0	0	76.00
76.01 03021 PAIN CLINIC	0	0	0	0	0	0	76.01
76.02 03022 CATH LAB	0	0	0	0	0	0	76.02
76.03 03023 ACTIVITY THERAPY	0	0	0	0	0	0	76.03
76.04 03024 WOUND CARE CENTER	0	0	0	0	0	0	76.04
76.05 03025 BARIATRIC CLINIC	0	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,323,374	0.000000	0.000000	4,443,435	50.00
50.01	05001	OUTPATIENT SURGERY	0	8,422,138	0.000000	0.000000	1,892,916	50.01
51.00	05100	RECOVERY ROOM	0	4,836,680	0.000000	0.000000	980,677	51.00
53.00	05300	ANESTHESIOLOGY	0	8,492,141	0.000000	0.000000	1,399,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,508,654	0.000000	0.000000	8,909,502	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	4,326,915	0.000000	0.000000	1,137	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,607,024	0.000000	0.000000	175,398	55.00
56.00	05600	RADIOISOTOPE	0	7,649,149	0.000000	0.000000	985,975	56.00
60.00	06000	LABORATORY	0	42,778,504	0.000000	0.000000	9,712,484	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,450,401	0.000000	0.000000	1,310,593	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,172,115	0.000000	0.000000	5,064,459	65.00
66.00	06600	PHYSICAL THERAPY	0	15,094,939	0.000000	0.000000	1,137,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,032,929	0.000000	0.000000	407,083	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,171,033	0.000000	0.000000	173,745	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,817,919	0.000000	0.000000	2,999,320	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,592,758	0.000000	0.000000	229,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,554,535	0.000000	0.000000	9,598,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,032,042	0.000000	0.000000	5,871,327	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,264,626	0.000000	0.000000	20,155,210	73.00
76.00	03020	ULTRASOUND	0	6,588,098	0.000000	0.000000	1,402,285	76.00
76.01	03021	PAIN CLINIC	0	3,126,164	0.000000	0.000000	1,808	76.01
76.02	03022	CATH LAB	0	19,348,288	0.000000	0.000000	7,414,684	76.02
76.03	03023	ACTIVITY THERAPY	0	4,068,194	0.000000	0.000000	50,891	76.03
76.04	03024	WOUND CARE CENTER	0	1,125,206	0.000000	0.000000	537	76.04
76.05	03025	BARIATRIC CLINIC	0	357,592	0.000000	0.000000	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	24,401,573	0.000000	0.000000	4,698,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,066,995	0.000000	0.000000	269,447	92.00
200.00		Total (lines 50-199)	0	340,209,986			89,286,052	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII					
		Hospital			PPS
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	2,239,028	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	1,588,111	0	50.01
51.00	05100 RECOVERY ROOM	0	616,798	0	51.00
53.00	05300 ANESTHESIOLOGY	0	1,323,317	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,906,182	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	134,338	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,259,124	0	55.00
56.00	05600 RADIOISOTOPE	0	2,237,489	0	56.00
60.00	06000 LABORATORY	0	611,227	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	133,198	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	172,863	0	65.00
66.00	06600 PHYSICAL THERAPY	0	74,432	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	324	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	16,361	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,704,951	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	659,469	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,626,505	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,230,394	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,685,466	0	73.00
76.00	03020 ULTRASOUND	0	1,042,253	0	76.00
76.01	03021 PAIN CLINIC	0	950,928	0	76.01
76.02	03022 CATH LAB	0	3,181,257	0	76.02
76.03	03023 ACTIVITY THERAPY	0	34,579	0	76.03
76.04	03024 WOUND CARE CENTER	0	413,195	0	76.04
76.05	03025 BARIATRIC CLINIC	0	28,896	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	2,383,625	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	551,137	0	92.00
200.00	Total (lines 50-199)	0	37,805,447	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 4:29 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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.245045	2,239,028	0	0	548,663	50.00
50.01	05001	OUTPATIENT SURGERY	0.228525	1,588,111	0	0	362,923	50.01
51.00	05100	RECOVERY ROOM	0.549883	616,798	0	0	339,167	51.00
53.00	05300	ANESTHESIOLOGY	0.043136	1,323,317	0	0	57,083	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125717	7,906,182	0	0	993,941	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.429223	134,338	0	0	57,661	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.334068	2,259,124	0	0	754,701	55.00
56.00	05600	RADIOISOTOPE	0.215788	2,237,489	0	0	482,823	56.00
60.00	06000	LABORATORY	0.148836	611,227	3,834	0	90,973	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.316803	133,198	0	0	42,198	63.00
65.00	06500	RESPIRATORY THERAPY	0.278787	172,863	0	0	48,192	65.00
66.00	06600	PHYSICAL THERAPY	0.368531	74,432	0	0	27,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	1.321592	324	0	0	428	67.00
68.00	06800	SPEECH PATHOLOGY	0.791862	16,361	0	0	12,956	68.00
69.00	06900	ELECTROCARDIOLOGY	0.143936	1,704,951	0	0	245,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.284461	659,469	0	0	187,593	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.115400	1,626,505	0	0	187,699	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613843	2,230,394	0	0	1,369,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.207041	3,685,466	19,761	0	763,043	73.00
76.00	03020	ULTRASOUND	0.146267	1,042,253	0	0	152,447	76.00
76.01	03021	PAIN CLINIC	0.281714	950,928	0	0	267,890	76.01
76.02	03022	CATH LAB	0.177726	3,181,257	0	0	565,392	76.02
76.03	03023	ACTIVITY THERAPY	0.771027	34,579	0	0	26,661	76.03
76.04	03024	WOUND CARE CENTER	0.386053	413,195	0	0	159,515	76.04
76.05	03025	BIATRIC CLINIC	2.260476	28,896	0	0	65,319	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.277857	2,383,625	0	0	662,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.862372	551,137	0	0	475,285	92.00
200.00		Subtotal (see instructions)		37,805,447	23,595	0	8,946,806	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		37,805,447	23,595	0	8,946,806	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 4:29 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
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	571	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,091	0		73.00
76.00 03020 ULTRASOUND	0	0		76.00
76.01 03021 PAIN CLINIC	0	0		76.01
76.02 03022 CATH LAB	0	0		76.02
76.03 03023 ACTIVITY THERAPY	0	0		76.03
76.04 03024 WOUND CARE CENTER	0	0		76.04
76.05 03025 BARIATRIC CLINIC	0	0		76.05
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	4,662	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,662	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/29/2013 4:29 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	772,907	25,323,374	0.030521	2,817	86	50.00
50.01	05001	OUTPATIENT SURGERY	284,443	8,422,138	0.033773	34,420	1,162	50.01
51.00	05100	RECOVERY ROOM	139,451	4,836,680	0.028832	0	0	51.00
53.00	05300	ANESTHESIOLOGY	75,392	8,492,141	0.008878	2,854	25	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	628,008	43,508,654	0.014434	294,766	4,255	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	333,623	4,326,915	0.077104	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	302,126	5,607,024	0.053883	18,218	982	55.00
56.00	05600	RADIOISOTOPE	131,177	7,649,149	0.017149	9,492	163	56.00
60.00	06000	LABORATORY	163,658	42,778,504	0.003826	365,204	1,397	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45,324	2,450,401	0.018497	28,596	529	63.00
65.00	06500	RESPIRATORY THERAPY	92,275	8,172,115	0.011291	336,576	3,800	65.00
66.00	06600	PHYSICAL THERAPY	88,458	15,094,939	0.005860	4,708,505	27,592	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,135	2,032,929	0.010396	809,145	8,412	67.00
68.00	06800	SPEECH PATHOLOGY	4,831	1,171,033	0.004125	209,660	865	68.00
69.00	06900	ELECTROCARDIOLOGY	118,063	9,817,919	0.012025	30,231	364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,507	2,592,758	0.037993	4,160	158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,767	22,554,535	0.000876	837,305	733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,958	16,032,042	0.003054	8,544	26	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,221	48,264,626	0.005081	2,667,980	13,556	73.00
76.00	03020	ULTRASOUND	127,982	6,588,098	0.019426	77,149	1,499	76.00
76.01	03021	PAIN CLINIC	50,051	3,126,164	0.016010	852	14	76.01
76.02	03022	CATH LAB	187,770	19,348,288	0.009705	0	0	76.02
76.03	03023	ACTIVITY THERAPY	102,767	4,068,194	0.025261	0	0	76.03
76.04	03024	WOUND CARE CENTER	5,722	1,125,206	0.005085	0	0	76.04
76.05	03025	BARITRIC CLINIC	35,153	357,592	0.098305	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	274,212	24,401,573	0.011237	644,052	7,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,066,995	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,396,981	340,209,986		11,090,526	72,855	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03020	ULTRASOUND	0	0	0	0	0 76.00
76.01	03021	PAIN CLINIC	0	0	0	0	0 76.01
76.02	03022	CATH LAB	0	0	0	0	0 76.02
76.03	03023	ACTIVITY THERAPY	0	0	0	0	0 76.03
76.04	03024	WOUND CARE CENTER	0	0	0	0	0 76.04
76.05	03025	BARIATRIC CLINIC	0	0	0	0	0 76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,323,374	0.000000	0.000000	2,817	50.00
50.01	05001	OUTPATIENT SURGERY	0	8,422,138	0.000000	0.000000	34,420	50.01
51.00	05100	RECOVERY ROOM	0	4,836,680	0.000000	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	0	8,492,141	0.000000	0.000000	2,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,508,654	0.000000	0.000000	294,766	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	4,326,915	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,607,024	0.000000	0.000000	18,218	55.00
56.00	05600	RADIOISOTOPE	0	7,649,149	0.000000	0.000000	9,492	56.00
60.00	06000	LABORATORY	0	42,778,504	0.000000	0.000000	365,204	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,450,401	0.000000	0.000000	28,596	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,172,115	0.000000	0.000000	336,576	65.00
66.00	06600	PHYSICAL THERAPY	0	15,094,939	0.000000	0.000000	4,708,505	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,032,929	0.000000	0.000000	809,145	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,171,033	0.000000	0.000000	209,660	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,817,919	0.000000	0.000000	30,231	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,592,758	0.000000	0.000000	4,160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,554,535	0.000000	0.000000	837,305	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,032,042	0.000000	0.000000	8,544	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,264,626	0.000000	0.000000	2,667,980	73.00
76.00	03020	ULTRASOUND	0	6,588,098	0.000000	0.000000	77,149	76.00
76.01	03021	PAIN CLINIC	0	3,126,164	0.000000	0.000000	852	76.01
76.02	03022	CATH LAB	0	19,348,288	0.000000	0.000000	0	76.02
76.03	03023	ACTIVITY THERAPY	0	4,068,194	0.000000	0.000000	0	76.03
76.04	03024	WOUND CARE CENTER	0	1,125,206	0.000000	0.000000	0	76.04
76.05	03025	BARITRIC CLINIC	0	357,592	0.000000	0.000000	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	24,401,573	0.000000	0.000000	644,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,066,995	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	340,209,986			11,090,526	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm
	Component CCN: 15T090	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03020 ULTRASOUND	0	0	0	76.00
76.01	03021 PAIN CLINIC	0	0	0	76.01
76.02	03022 CATH LAB	0	0	0	76.02
76.03	03023 ACTIVITY THERAPY	0	0	0	76.03
76.04	03024 WOUND CARE CENTER	0	0	0	76.04
76.05	03025 BARIATRIC CLINIC	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/29/2013 4:29 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	772,907	25,323,374	0.030521	0	0 50.00
50.01	05001	OUTPATIENT SURGERY	284,443	8,422,138	0.033773	0	0 50.01
51.00	05100	RECOVERY ROOM	139,451	4,836,680	0.028832	0	0 51.00
53.00	05300	ANESTHESIOLOGY	75,392	8,492,141	0.008878	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	628,008	43,508,654	0.014434	3,346	48 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	333,623	4,326,915	0.077104	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	302,126	5,607,024	0.053883	0	0 55.00
56.00	05600	RADIOISOTOPE	131,177	7,649,149	0.017149	0	0 56.00
60.00	06000	LABORATORY	163,658	42,778,504	0.003826	14,463	55 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45,324	2,450,401	0.018497	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	92,275	8,172,115	0.011291	6,602	75 65.00
66.00	06600	PHYSICAL THERAPY	88,458	15,094,939	0.005860	8,276	48 66.00
67.00	06700	OCCUPATIONAL THERAPY	21,135	2,032,929	0.010396	108,048	1,123 67.00
68.00	06800	SPEECH PATHOLOGY	4,831	1,171,033	0.004125	8,070	33 68.00
69.00	06900	ELECTROCARDIOLOGY	118,063	9,817,919	0.012025	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,507	2,592,758	0.037993	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,767	22,554,535	0.000876	11,539	10 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,958	16,032,042	0.003054	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,221	48,264,626	0.005081	50,369	256 73.00
76.00	03020	ULTRASOUND	127,982	6,588,098	0.019426	0	0 76.00
76.01	03021	PAIN CLINIC	50,051	3,126,164	0.016010	0	0 76.01
76.02	03022	CATH LAB	187,770	19,348,288	0.009705	0	0 76.02
76.03	03023	ACTIVITY THERAPY	102,767	4,068,194	0.025261	0	0 76.03
76.04	03024	WOUND CARE CENTER	5,722	1,125,206	0.005085	0	0 76.04
76.05	03025	BARITRIC CLINIC	35,153	357,592	0.098305	0	0 76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	274,212	24,401,573	0.011237	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,066,995	0.000000	0	0 92.00
200.00		Total (lines 50-199)	4,396,981	340,209,986		210,713	1,648 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 ULTRASOUND	0	0	0	0	0	76.00
76.01	03021 PAIN CLINIC	0	0	0	0	0	76.01
76.02	03022 CATH LAB	0	0	0	0	0	76.02
76.03	03023 ACTIVITY THERAPY	0	0	0	0	0	76.03
76.04	03024 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03025 BARIATRIC CLINIC	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	25,323,374	0.000000	0.000000	0 50.00
50.01 05001 OUTPATIENT SURGERY	0	8,422,138	0.000000	0.000000	0 50.01
51.00 05100 RECOVERY ROOM	0	4,836,680	0.000000	0.000000	0 51.00
53.00 05300 ANESTHESIOLOGY	0	8,492,141	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	43,508,654	0.000000	0.000000	3,346 54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	4,326,915	0.000000	0.000000	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	5,607,024	0.000000	0.000000	0 55.00
56.00 05600 RADIOISOTOPE	0	7,649,149	0.000000	0.000000	0 56.00
60.00 06000 LABORATORY	0	42,778,504	0.000000	0.000000	14,463 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,450,401	0.000000	0.000000	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	8,172,115	0.000000	0.000000	6,602 65.00
66.00 06600 PHYSICAL THERAPY	0	15,094,939	0.000000	0.000000	8,276 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,032,929	0.000000	0.000000	108,048 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,171,033	0.000000	0.000000	8,070 68.00
69.00 06900 ELECTROCARDIOLOGY	0	9,817,919	0.000000	0.000000	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,592,758	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,554,535	0.000000	0.000000	11,539 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,032,042	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	48,264,626	0.000000	0.000000	50,369 73.00
76.00 03020 ULTRASOUND	0	6,588,098	0.000000	0.000000	0 76.00
76.01 03021 PAIN CLINIC	0	3,126,164	0.000000	0.000000	0 76.01
76.02 03022 CATH LAB	0	19,348,288	0.000000	0.000000	0 76.02
76.03 03023 ACTIVITY THERAPY	0	4,068,194	0.000000	0.000000	0 76.03
76.04 03024 WOUND CARE CENTER	0	1,125,206	0.000000	0.000000	0 76.04
76.05 03025 BARIATRIC CLINIC	0	357,592	0.000000	0.000000	0 76.05
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	24,401,573	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,066,995	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	340,209,986			210,713 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 4:29 pm
	Component CCN: 15T090	Title XIX	Subprovider - IRF Tefra

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03020 ULTRASOUND	0	0	0	76.00
76.01	03021 PAIN CLINIC	0	0	0	76.01
76.02	03022 CATH LAB	0	0	0	76.02
76.03	03023 ACTIVITY THERAPY	0	0	0	76.03
76.04	03024 WOUND CARE CENTER	0	0	0	76.04
76.05	03025 BARIATRIC CLINIC	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2013 4:29 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)		26,780	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,780	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)		24,632	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		14,706	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)		22,223,328	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)		22,223,328	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		28,496,346	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,496,346	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.779866	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,156.88	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)		22,223,328	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)		829.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,203,774	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)		12,203,774	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/29/2013 4:29 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,145,049	2,873	1,442.76	1,790	2,582,540	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	2,289,933	680	3,367.55	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,375,666	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					35,161,980	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,349,865	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					875,436	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,225,301	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					32,936,679	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,148	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					829.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,782,518	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 4:29 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	2,209,903	22,223,328	0.099441	1,782,518	177,255	90.00
91.00	Nursing School cost	0	22,223,328	0.000000	1,782,518	0	91.00
92.00	Allied health cost	0	22,223,328	0.000000	1,782,518	0	92.00
93.00	All other Medical Education	0	22,223,328	0.000000	1,782,518	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T090		Date/Time Prepared: 5/29/2013 4:29 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,335	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,335	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,335	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,853	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,872,071	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,872,071	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,254,420	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		12,254,420	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.397577	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,670.68	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,872,071	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)		664.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,887,680	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,887,680	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
					Component CCN: 15T090		Date/Time Prepared: 5/29/2013 4:29 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,035,798		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,923,478		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)					114,543		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					72,855		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					187,398		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,736,080		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: 150090 Component CCN: 15T090		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 4:29 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	143,577	4,872,071	0.029469	0	0	90.00
91.00	Nursing School cost	0	4,872,071	0.000000	0	0	91.00
92.00	Allied health cost	0	4,872,071	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,872,071	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/29/2013 4:29 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,780	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,780	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)		24,632	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,956	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)		707	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)		22,223,328	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)		22,223,328	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		28,496,346	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,496,346	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.779866	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,156.88	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)		22,223,328	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)		829.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,623,187	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,623,187	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/29/2013 4:29 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,914,714	707	4,122.65	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,145,049	2,873	1,442.76	228	328,949	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	2,289,933	680	3,367.55	468	1,576,013	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,240,354	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,768,503	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,148	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					829.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,782,518	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150090

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

Worksheet D-1

Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T090		Date/Time Prepared: 5/29/2013 4:29 pm
		Title XIX	Subprovider - IRF	Tefra
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,335	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,335	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,335	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)		168	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)		707	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,872,071	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,872,071	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		11,307,189	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		11,307,189	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.430883	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,541.54	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,872,071	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)		664.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		111,589	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)		111,589	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T090				Date/Time Prepared: 5/29/2013 4:29 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					168,410	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					279,999	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,648	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,648	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					278,351	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					11	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)					-278,351	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)					1,648	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: 150090 Component CCN: 15T090		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 4:29 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	4,872,071	0.000000	0	0	90.00
91.00	Nursing School cost	0	4,872,071	0.000000	0	0	91.00
92.00	Allied health cost	0	4,872,071	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,872,071	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 4:29 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		16,360,341	30.00
31.00	03100	INTENSIVE CARE UNIT		3,456,124	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245045	4,443,435	50.00
50.01	05001	OUTPATIENT SURGERY	0.231199	1,892,916	50.01
51.00	05100	RECOVERY ROOM	0.549883	980,677	51.00
53.00	05300	ANESTHESIOLOGY	0.043136	1,399,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125717	8,909,502	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.429223	1,137	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.334068	175,398	55.00
56.00	05600	RADIOISOTOPE	0.215788	985,975	56.00
60.00	06000	LABORATORY	0.148836	9,712,484	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.316803	1,310,593	63.00
65.00	06500	RESPIRATORY THERAPY	0.279575	5,064,459	65.00
66.00	06600	PHYSICAL THERAPY	0.369173	1,137,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	1.321592	407,083	67.00
68.00	06800	SPEECH PATHOLOGY	0.791862	173,745	68.00
69.00	06900	ELECTROCARDIOLOGY	0.143936	2,999,320	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.285179	229,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.115400	9,598,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613843	5,871,327	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.207041	20,155,210	73.00
76.00	03020	ULTRASOUND	0.146267	1,402,285	76.00
76.01	03021	PAIN CLINIC	0.281714	1,808	76.01
76.02	03022	CATH LAB	0.177726	7,414,684	76.02
76.03	03023	ACTIVITY THERAPY	0.771027	50,891	76.03
76.04	03024	WOUND CARE CENTER	0.386200	537	76.04
76.05	03025	BARIATRIC CLINIC	2.260476	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.278512	4,698,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.862372	269,447	92.00
200.00		Total (sum of lines 50-94 and 96-98)		89,286,052	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		89,286,052	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/29/2013 4:29 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		5,618,176	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245045	2,817	690 50.00
50.01	05001	OUTPATIENT SURGERY	0.231199	34,420	7,958 50.01
51.00	05100	RECOVERY ROOM	0.549883	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0.043136	2,854	123 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125717	294,766	37,057 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.429223	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.334068	18,218	6,086 55.00
56.00	05600	RADIOISOTOPE	0.215788	9,492	2,048 56.00
60.00	06000	LABORATORY	0.148836	365,204	54,356 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.316803	28,596	9,059 63.00
65.00	06500	RESPIRATORY THERAPY	0.279575	336,576	94,098 65.00
66.00	06600	PHYSICAL THERAPY	0.369173	4,708,505	1,738,253 66.00
67.00	06700	OCCUPATIONAL THERAPY	1.321592	809,145	1,069,360 67.00
68.00	06800	SPEECH PATHOLOGY	0.791862	209,660	166,022 68.00
69.00	06900	ELECTROCARDIOLOGY	0.143936	30,231	4,351 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.285179	4,160	1,186 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.115400	837,305	96,625 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613843	8,544	5,245 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.207041	2,667,980	552,381 73.00
76.00	03020	ULTRASOUND	0.146267	77,149	11,284 76.00
76.01	03021	PAIN CLINIC	0.281714	852	240 76.01
76.02	03022	CATH LAB	0.177726	0	0 76.02
76.03	03023	ACTIVITY THERAPY	0.771027	0	0 76.03
76.04	03024	WOUND CARE CENTER	0.386200	0	0 76.04
76.05	03025	BARIATRIC CLINIC	2.260476	0	0 76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.278512	644,052	179,376 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.862372	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		11,090,526	4,035,798 200.00
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)		11,090,526	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 4:29 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,405,516	30.00
31.00	03100	INTENSIVE CARE UNIT		462,193	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		1,667,938	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		164,690	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245045	1,104,994	270,773 50.00
50.01	05001	OUTPATIENT SURGERY	0.228525	201,054	45,946 50.01
51.00	05100	RECOVERY ROOM	0.549883	108,806	59,831 51.00
53.00	05300	ANESTHESIOLOGY	0.043136	279,176	12,043 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125717	870,011	109,375 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.429223	127,431	54,696 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.334068	26,714	8,924 55.00
56.00	05600	RADIOISOTOPE	0.215788	132,023	28,489 56.00
60.00	06000	LABORATORY	0.148836	1,539,379	229,115 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.316803	161,844	51,273 63.00
65.00	06500	RESPIRATORY THERAPY	0.278787	561,776	156,616 65.00
66.00	06600	PHYSICAL THERAPY	0.368531	8,167	3,010 66.00
67.00	06700	OCCUPATIONAL THERAPY	1.321592	100,773	133,181 67.00
68.00	06800	SPEECH PATHOLOGY	0.791862	24,401	19,322 68.00
69.00	06900	ELECTROCARDIOLOGY	0.143936	131,422	18,916 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.284461	4,249	1,209 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.115400	229,390	26,472 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613843	278,771	171,122 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.207041	2,841,932	588,396 73.00
76.00	03020	ULTRASOUND	0.146267	203,802	29,810 76.00
76.01	03021	PAIN CLINIC	0.281714	157	44 76.01
76.02	03022	CATH LAB	0.177726	184,650	32,817 76.02
76.03	03023	ACTIVITY THERAPY	0.771027	7,848	6,051 76.03
76.04	03024	WOUND CARE CENTER	0.386053	0	0 76.04
76.05	03025	BARIATRIC CLINIC	2.260476	0	0 76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.277857	658,335	182,923 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.862372	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		9,787,105	2,240,354 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		9,787,105	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/29/2013 4:29 pm	
		Title XIX	Subprovider - IRF	Tefra	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		160,931	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245045	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.228525	0	50.01
51.00	05100	RECOVERY ROOM	0.549883	0	51.00
53.00	05300	ANESTHESIOLOGY	0.043136	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125717	3,346	421 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.429223	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.334068	0	55.00
56.00	05600	RADIOISOTOPE	0.215788	0	56.00
60.00	06000	LABORATORY	0.148836	14,463	2,153 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.316803	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.278787	6,602	1,841 65.00
66.00	06600	PHYSICAL THERAPY	0.368531	8,276	3,050 66.00
67.00	06700	OCCUPATIONAL THERAPY	1.321592	108,048	142,795 67.00
68.00	06800	SPEECH PATHOLOGY	0.791862	8,070	6,390 68.00
69.00	06900	ELECTROCARDIOLOGY	0.143936	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.284461	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.115400	11,539	1,332 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613843	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.207041	50,369	10,428 73.00
76.00	03020	ULTRASOUND	0.146267	0	76.00
76.01	03021	PAIN CLINIC	0.281714	0	76.01
76.02	03022	CATH LAB	0.177726	0	76.02
76.03	03023	ACTIVITY THERAPY	0.771027	0	76.03
76.04	03024	WOUND CARE CENTER	0.386053	0	76.04
76.05	03025	BARIATRIC CLINIC	2.260476	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.277857	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.862372	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		210,713	168,410 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		210,713	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 4:29 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		23,253,936	1.00
2.00	Outlier payments for discharges. (see instructions)		787,966	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,364,365	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		151.35	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		7.80	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.89	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		2.90	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		9.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		8.66	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		8.66	12.00
13.00	Total allowable FTE count for the prior year.		9.15	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		9.14	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.98	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		8.98	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.059333	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.071073	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.059333	21.00
22.00	IME payment adjustment (see instructions)		784,979	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		784,979	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		24,826,881	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		24,826,881	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,086,851	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		346,957	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 4:29 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			27,260,689 59.00
60.00	Primary payer payments			752 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			27,259,937 61.00
62.00	Deductibles billed to program beneficiaries			2,287,148 62.00
63.00	Coinurance billed to program beneficiaries			184,160 63.00
64.00	Allowable bad debts (see instructions)			215,222 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			150,655 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			72,433 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			24,939,284 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-177 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-39,021 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			24,900,086 71.00
72.00	Interim payments			25,179,715 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-279,629 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 4:29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,662	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,946,806	2.00
3.00	PPS payments		7,485,209	3.00
4.00	Outlier payment (see instructions)		16,179	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)		4,662	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		23,595	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)		23,595	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)		23,595	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,933	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)		4,662	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)		7,501,388	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)		1,675,713	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)		5,830,337	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		72,090	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)		5,902,427	30.00
31.00	Primary payer payments		1,475	31.00
32.00	Subtotal (line 30 minus line 31)		5,900,952	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)		113,312	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		79,318	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		51,620	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		5,980,270	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)		5,980,270	40.00
41.00	Interim payments		6,003,965	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)		-23,695	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 4:29 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		25,179,715		6,003,965	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)		25,179,715		6,003,965	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		279,629		23,695	6.02	
7.00	Total Medicare program liability (see instructions)		24,900,086		5,980,270	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150090
Component CCN: 15T090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 4:29 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		7,428,517			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)					0 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)		7,428,517			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		13,022			0 6.02
7.00	Total Medicare program liability (see instructions)		7,415,495			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/29/2013 4:29 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		6,012	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		16,496	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		913	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		28,185	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		390,230,284	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		13,355,900	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,901,174	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		1,901,174	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/29/2013 4:29 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,642,012 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0266 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			149,704 3.00
4.00	Outlier Payments			754,365 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			20.040984 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			7,546,081 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			7,546,081 17.00
18.00	Primary payer payments			10,000 18.00
19.00	Subtotal (line 17 less line 18).			7,536,081 19.00
20.00	Deductibles			35,836 20.00
21.00	Subtotal (line 19 minus line 20)			7,500,245 21.00
22.00	Coinsurance			84,750 22.00
23.00	Subtotal (line 21 minus line 22)			7,415,495 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			7,415,495 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			7,415,495 32.00
33.00	Interim payments			7,428,517 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-13,022 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			754,365 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2013 4:29 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		5,768,503		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,768,503	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,768,503	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		9,787,105	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		9,787,105	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		9,787,105	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,018,602	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		5,768,503	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		5,768,503	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5,768,503	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		5,768,503	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		5,768,503	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		5,768,503	0	40.00
41.00	Interim payments		5,768,503	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2013 4:29 pm
		Title XIX	Subprovider - IRF	Tefra
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		1,648	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,648	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,648	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		210,713	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		210,713	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		210,713	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		209,065	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		1,648	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,648	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,648	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,648	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		1,648	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,648	40.00
41.00	Interim payments		1,648	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/29/2013 4:29 pm	
		Title XVII I	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.			7.76	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			0.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	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))			2.90	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)			9.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.66	6.00
7.00	Enter the lesser of line 5 or line 6			8.66	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.	0.23	8.20	8.43	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.	0.23	8.20	8.43	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.23	8.20		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.16	7.14		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.77	7.80		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.72	7.71		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	0.72	7.71		17.00
18.00	Per resident amount	78,336.97	75,710.49		18.00
19.00	Approved amount for resident costs	56,403	583,728	640,131	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)			0.00	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)			640,131	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	22,349	1,052		26.00
27.00	Total Inpatient Days (see instructions)	35,520	35,520		27.00
28.00	Ratio of inpatient days to total inpatient days	0.629195	0.029617		28.00
29.00	Program direct GME amount	402,767	18,959		29.00
30.00	Reduction for direct GME payments for Medicare managed care		2,679		30.00
31.00	Net Program direct GME amount			419,047	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/29/2013 4:29 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)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		43,085,458	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)		10,752	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		43,074,706	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,951,468	42.00
43.00	Primary payer payments (see instructions)		1,475	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,949,993	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		52,024,699	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.827966	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.172034	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		419,047	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		346,957	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		72,090	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet G Date/Time Prepared: 5/29/2013 4:29 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	119,335,776	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	-30,375,964	0	0	0	4.00
5.00	Other receivable	3,631,455	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,450,985	0	0	0	6.00
7.00	Inventory	2,372,240	0	0	0	7.00
8.00	Prepaid expenses	642,783	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,155,305	0	0	0	11.00
FIXED ASSETS						
12.00	Land	536,972	0	0	0	12.00
13.00	Land improvements	9,152,825	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	69,563,984	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,512,208	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	123,636,365	0	0	0	19.00
20.00	Accumulated depreciation	-112,019,066	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	92,383,288	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	37,500	0	0	0	33.00
34.00	Other assets	21,019	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	58,519	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	179,597,112	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,670,245	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,288,495	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,237,890	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	106,194	0	0	0	43.00
44.00	Other current liabilities	1,520,947	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,823,771	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	370,390	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	35,846,853	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,217,243	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,041,014	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	130,556,098				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	130,556,098	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	179,597,112	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150090

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

Worksheet G-1

Date/Time Prepared:
5/29/2013 4:29 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		105,960,421			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,488,428				2.00
3.00	Total (sum of line 1 and line 2)		131,448,849			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		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		131,448,849			0	11.00
12.00	Deductions (debit adjustments) (specify)	892,751		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)		892,751			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		130,556,098			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150090

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2013 4:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,474,151		29,474,151	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	12,254,420		12,254,420	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	41,728,571		41,728,571	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,773,776		6,773,776	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	2,465,182		2,465,182	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)	9,238,958		9,238,958	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,967,529		50,967,529	17.00
18.00	Ancillary services	174,664,825	138,123,109	312,787,934	18.00
19.00	Outpatient services	8,324,544	18,144,025	26,468,569	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	NON-REIMBURSABLE	3,598,071	6,087,650	9,685,721	27.00
27.01	PRO-FEES	0	8,426,612	8,426,612	27.01
27.02	A&G	-11,029,312	0	-11,029,312	27.02
27.03	DIETARY	14,224	38,224	52,448	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	226,539,881	170,819,620	397,359,501	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		119,538,040		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		119,538,040		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet G-3 Date/Time Prepared: 5/29/2013 4:29 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		397,359,501	1.00
2.00	Less contractual allowances and discounts on patients' accounts		252,034,585	2.00
3.00	Net patient revenues (line 1 minus line 2)		145,324,916	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		119,538,040	4.00
5.00	Net income from service to patients (line 3 minus line 4)		25,786,876	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		0	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and telegraph service		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		0	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	PROVISION FOR BAD DEBTS		-4,135,104	24.00
24.01	PREMIUM REVENUE		445,227	24.01
24.02	OTHER OPERATING REVENUE		3,554,285	24.02
24.03	NET ASSETS RELEASED FOR OPERATIONS		3,992	24.03
24.04	EQUITY TRANSFERS		3,839	24.04
25.00	Total other income (sum of lines 6-24)		-127,761	25.00
26.00	Total (line 5 plus line 25)		25,659,115	26.00
27.00	TOTAL NON-OPERATING REVENUE		170,687	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		170,687	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		25,488,428	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150090	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/29/2013 4:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			1,872,620 1.00
2.00	Capital DRG outlier payments			105,057 2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)			77.01 3.00
4.00	Number of interns & residents (see instructions)			8.98 4.00
5.00	Indirect medical education percentage (see instructions)			3.35 5.00
6.00	Indirect medical education adjustment (line 1 times line 5)			62,733 6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)			2.91 7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)			9.18 8.00
9.00	Sum of lines 7 and 8			12.09 9.00
10.00	Allowable disproportionate share percentage (see instructions)			2.48 10.00
11.00	Disproportionate share adjustment (line 1 times line 10)			46,441 11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)			2,086,851 12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0 1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0 2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0 3.00
4.00	Capital cost payment factor (see instructions)			0 4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0 5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			0 1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0 2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0 3.00
4.00	Applicable exception percentage (see instructions)			0.00 4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0 5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00 6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0 7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0 8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			0 9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0 10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0 11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0 12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0 13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0 14.00
15.00	Current year allowable operating and capital payment (see instructions)			0 15.00
16.00	Current year operating and capital costs (see instructions)			0 16.00
17.00	Current year exception offset amount (see instructions)			0 17.00