This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 3:27 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/28/2013 Time: 3:27 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 BARNES-JEWISH HOSPITAL (260032) 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	423,278	236,441	0	66,596,754	1.00
2.00	Subprovider - IPF	0	-4,906	431		481,925	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	84,304	0		0	7.00
8.00	NURSING FACILITY	0				1,381	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	502,676	236,872	0	67,080,060	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

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Encryption Information
ECR: Date: 5/28/2013 Time: 3:27 pm
zMHRMhTH3RXuwQsyXGob4YSKF3dLq0
6am1L0mMG7g6da922ZjZwzSWIllSAd
RLIt2BZ.F403EagW
PI: Date: 5/28/2013 Time: 3:27 pm
F.ztJUx3hnW4kaed1YaG3YY1fcAqk0
DxERU0FmdulwQnC:bzihaZOdnbj4Sv
jZRU0Kn.Z00iAafd

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	423,278	236,441	0	66,596,754	1.00
2.00	Subprovider - IPF	0	-4,906	431		481,925	2.00
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4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	84,304	0		0	7.00
8.00	NURSING FACILITY	0				1,381	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	502,676	236,872	0	67,080,060	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:23 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA	PO Box:			1.00
2.00	City: ST. LOUIS	State: MO	Zip Code: 63110-	County: ST. LOUIS CITY, MO	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	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	BARNES-JEWISH HOSPITAL PSYCH UNIT	26S032	41180	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N	P	N	9.00
10.00	Hospital-Based NF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N		O	10.00
11.00	Hospital-Based OLTC	BARNES-JEWISH EXTENDED CARE								11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	31,311	13,552	10,150	4,240	9,913	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		Urban/Rural S 1.00	Date of Geogr 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: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:23 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)	Y			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)	Y			63.00

		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	12.58	500.58	0.024515	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:23 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)	GERIATRICS	1408	0.18	0.02	0.900000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000	65.01
65.02		PEDIATRICS	2000	0.00	2.32	0.000000	65.02

		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)	45.71	493.93	0.084705	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.	INTERNAL MEDICINE	1400	10.44	119.28	0.080481	67.00
67.01		PEDIATRICS	2000	0.00	3.77	0.000000	67.01
67.02				0.00	0.00	0.000000	67.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:23 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.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	2,423,333	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		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.	08/26/1980		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.	09/16/1987		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.	03/08/1990		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.	02/02/1995		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.	08/26/1980		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	269026	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: BJC HEALTHCARE	Contractor's Name: WPS	Contractor's Number: 05301	141.00
142.00	Street: 4901 FOREST PARK AVENUE	PO Box: SUITE 120		142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63108	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 3:23 pm

							1.00	
	Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/20/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		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.	Y		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: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
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 relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			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.	RACHELLE	SAULS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0330	RLS5919@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/31/2013			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00

			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		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

VOLUNTARY CONTACT INFORMATION	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part V Date/Time Prepared: 5/28/2013 3:23 pm

		1.00	
	Cost Report Preparer Contact Information		
1.00	First Name	RACHELLE	1.00
2.00	Last Name	SAULS	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-0330	5.00
6.00	E-mail Address	RLS5919@BJC.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	4353 CLAYTON AVE, ROOM 270	8.00
9.00	Mailing Address 2	MAILSTOP 90-68-109	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
	Officer or Administrator of Provider Contact Information		
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2013 3:23 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/28/2013 3:23 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	1,076	397,084	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)		1,076	397,084	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	29	10,614	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	15	5,490	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	36	9,864	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU	35.01	20	7,320	0.00	0	12.01
12.02	CARDIO-THORACIC ICU	35.02	21	7,686	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,197	438,058	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	46	16,836		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	80	29,280		0	19.00
20.00	NURSING FACILITY	45.00	12	4,392		0	20.00
21.00	OTHER LONG TERM CARE	46.00	28	10,248			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		1,363				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

	Component	I/P Days / O/P Visits / Trips Title XVIII	Title XIX	Total All Patients	Full Time Equivalents Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	97,763	30,132	258,927			1.00
2.00	HMO	13,668	32,697				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	97,763	30,132	258,927			7.00
8.00	INTENSIVE CARE UNIT	4,495	1,596	9,732			8.00
9.00	CORONARY CARE UNIT	2,273	506	4,687			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,253	992	8,446			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU	2,151	823	6,326			12.01
12.02	CARDIO-THORACIC ICU	3,239	369	7,064			12.02
13.00	NURSERY		1,182	6,656			13.00
14.00	Total (see instructions)	113,174	35,600	301,838	661.02	8,477.43	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	3,623	4,227	13,099	9.33	87.85	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	15,884	0	23,561	0.00	69.13	19.00
20.00	NURSING FACILITY		2,605	3,627	0.00	8.48	20.00
21.00	OTHER LONG TERM CARE			7,779	0.00	19.78	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/28/2013 3:23 pm

	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	
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				670.35	8,662.67	27.00
28.00	Observation Bed Days		203	2,055			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		869	1,204			32.00
33.00	LTCH non-covered days	0					33.00

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	18,588	7,007	54,836	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU						12.01
12.02	CARDIO-THORACIC ICU						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	18,588	7,007	54,836	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	378	533	1,625	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				37	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	480,145,474	113,945	480,259,419	17,948,549.46	26.76	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		108,214	0	108,214	866.00	124.96	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,967,365	0	2,967,365	30,757.00	96.48	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	43,036,105	3,000	43,039,105	1,683,030.49	25.57	7.00
7.01	Contracted interns and residents (in an approved programs)		37,550	0	37,550	184.30	203.74	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	3,023,189	0	3,023,189	140,287.74	21.55	9.00
10.00	Excluded area salaries (see instructions)		27,129,920	-101,559	27,028,361	1,053,420.92	25.66	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		8,447,970	0	8,447,970	141,471.25	59.72	11.00
12.00	Contract management and administrative services		33,888	0	33,888	1,563.50	21.67	12.00
13.00	Contract labor: Physician-Part A - Administrative		5,440,052	0	5,440,052	48,360.00	112.49	13.00
14.00	Home office salaries & wage-related costs		73,823,674	0	73,823,674	1,632,684.00	45.22	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		63,070,715	0	63,070,715	498,048.72	126.64	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		114,421,153	0	114,421,153			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		8,766,112	0	8,766,112			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		12,874	0	12,874			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		485,642	0	485,642			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		11,653,744	0	11,653,744			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	4,297,951	-651,315	3,646,636	143,959.42	25.33	26.00
27.00	Administrative & General	5.00	32,820,181	1,535,852	34,356,033	1,405,275.70	24.45	27.00
28.00	Administrative & General under contract (see inst.)		6,381,525	0	6,381,525	65,254.38	97.79	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	8,214,925	200	8,215,125	303,546.41	27.06	30.00
31.00	Laundry & Linen Service	8.00	31,057	0	31,057	2,399.16	12.94	31.00
32.00	Housekeeping	9.00	11,550,070	-189,376	11,360,694	931,919.70	12.19	32.00
33.00	Housekeeping under contract (see instructions)		4,703	0	4,703	291.00	16.16	33.00
34.00	Dietary	10.00	7,001,417	-1,628,657	5,372,760	370,271.47	14.51	34.00
35.00	Dietary under contract (see instructions)		150,040	0	150,040	7,909.00	18.97	35.00
36.00	Cafeteria	11.00	2,580,234	1,598,641	4,178,875	325,988.84	12.82	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	21,366,614	330,430	21,697,044	602,878.36	35.99	38.00
39.00	Central Services and Supply	14.00	3,501,487	100	3,501,587	201,047.67	17.42	39.00
40.00	Pharmacy	15.00	17,415,185	-151,619	17,263,566	466,656.89	36.99	40.00
41.00	Medical Records & Medical Records Library	16.00	11,233,685	1,100	11,234,785	446,855.07	25.14	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032

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

Worksheet S-3 Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	3,203,072	500	3,203,572	112,373.02	28.51	42.00
43.00	Other General Service	18.00	4,920,853	-201,358	4,719,495	147,689.95	31.96	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032

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

Worksheet S-3 Part III Date/Time Prepared: 5/28/2013 3:23 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		440,640,722	110,945	440,751,667	16,308,032.05	27.03	1.00
2.00	Excluded area salaries (see instructions)		30,153,109	-101,559	30,051,550	1,193,708.66	25.17	2.00
3.00	Subtotal salaries (line 1 minus line 2)		410,487,613	212,504	410,700,117	15,114,323.39	27.17	3.00
4.00	Subtotal other wages & related costs (see inst.)		87,745,584	0	87,745,584	1,824,078.75	48.10	4.00
5.00	Subtotal wage-related costs (see inst.)		114,434,027	0	114,434,027	0.00	27.86	5.00
6.00	Total (sum of lines 3 thru 5)		612,667,224	212,504	612,879,728	16,938,402.14	36.18	6.00
7.00	Total overhead cost (see instructions)		134,672,999	644,498	135,317,497	5,534,316.04	24.45	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 3:23 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,746,016	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	32,925,664	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	49,137,261	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,025,642	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	425,323	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)	1,021,789	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,114,081	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	34,226,822	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	798,026	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))	89,040	21.00
22.00	Day Care Cost and Allowances	1,103,698	22.00
23.00	Tuition Reimbursement	5,726,162	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	135,339,524	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: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/28/2013 3:23 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-7 Date/Time Prepared: 5/28/2013 3:23 pm

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

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	55	0	55	3.00
4.00		RUL	156	0	156	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	74	0	74	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	19	0	19	8.00
9.00		RMX	4	0	4	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	640	0	640	12.00
13.00		RUB	1,542	0	1,542	13.00
14.00		RUA	1,237	0	1,237	14.00
15.00		RVC	405	0	405	15.00
16.00		RVB	2,760	0	2,760	16.00
17.00		RVA	3,193	0	3,193	17.00
18.00		RHC	168	0	168	18.00
19.00		RHB	592	0	592	19.00
20.00		RHA	781	0	781	20.00
21.00		RMC	125	0	125	21.00
22.00		RMB	270	0	270	22.00
23.00		RMA	474	0	474	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	108	0	108	27.00
28.00		ES1	9	0	9	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	3	0	3	31.00
32.00		HD1	38	0	38	32.00
33.00		HC2	11	0	11	33.00
34.00		HC1	128	0	128	34.00
35.00		HB2	3	0	3	35.00
36.00		HB1	450	0	450	36.00
37.00		LE2	12	0	12	37.00
38.00		LE1	77	0	77	38.00
39.00		LD2	168	0	168	39.00
40.00		LD1	164	0	164	40.00
41.00		LC2	102	0	102	41.00
42.00		LC1	164	0	164	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	122	0	122	44.00
45.00		CE2	8	0	8	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	56	0	56	48.00
49.00		CC2	3	0	3	49.00
50.00		CC1	187	0	187	50.00
51.00		CB2	30	0	30	51.00
52.00		CB1	354	0	354	52.00
53.00		CA2	8	0	8	53.00
54.00		CA1	676	0	676	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	83	0	83	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	13	0	13	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-7 Date/Time Prepared: 5/28/2013 3:23 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	48	0	48	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	156	0	156	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	70	0	70	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	89	0	89	78.00
199.00		AAA	49	0	49	199.00
200.00	TOTAL		15,884	0	15,884	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	4,720,585	43.41	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	SUPPLIES	486,103	4.47	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	10,874,258			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 3:23 pm

		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)	0.322395	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	115,576,645	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	83,609,662	5.00
6.00	Medicaid charges	590,777,357	6.00
7.00	Medicaid cost (line 1 times line 6)	190,463,666	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	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	1,489,194	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	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	98,781,630	32,339,296	131,120,926	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	31,846,704	10,426,027	42,272,731	21.00
22.00	Partial payment by patients approved for charity care	962,563	531,869	1,494,432	22.00
23.00	Cost of charity care (line 21 minus line 22)	30,884,141	9,894,158	40,778,299	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	24,066,237	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	5,006,449	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	19,059,788	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	6,144,780	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	46,923,079	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	46,923,079	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		19,222,707	19,222,707	214,147	19,436,854	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)		13,725,619	13,725,619	-165,226	13,560,393	1.03
1.04	00104	NEW CRC-B&F(GSON)		2,453,242	2,453,242	-702,962	1,750,280	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)		1,211,819	1,211,819	0	1,211,819	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		18,656,102	18,656,102	35,661,913	54,318,015	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	4,297,951	13,556,234	17,854,185	-1,189,254	16,664,931	4.00
5.01	00510	NONPATIENT TELEPHONES	1,545,527	-196,338	1,349,189	-593	1,348,596	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	908,113	8,397,755	9,305,868	-4,703,318	4,602,550	5.03
5.04	00513	ADMITTING	10,183,691	6,507,963	16,691,654	-4,782	16,686,872	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	9,920	9,920	0	9,920	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	20,182,850	129,886,605	150,069,455	-69,096,648	80,972,807	5.06
7.00	00700	OPERATION OF PLANT	8,214,925	26,633,971	34,848,896	-339,354	34,509,542	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,057	3,362,182	3,393,239	-2,404	3,390,835	8.00
9.00	00900	HOUSEKEEPING	11,550,070	7,723,187	19,273,257	-353,249	18,920,008	9.00
10.00	01000	DIETARY	7,001,417	10,984,684	17,986,101	-6,885,848	11,100,253	10.00
11.00	01100	CAFETERIA	2,580,234	5,016,951	7,597,185	6,630,083	14,227,268	11.00
13.00	01300	NURSING ADMINISTRATION	21,366,614	18,894,039	40,260,653	-293,677	39,966,976	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,501,487	15,921,964	19,423,451	-10,625,619	8,797,832	14.00
15.00	01500	PHARMACY	17,415,185	99,374,416	116,789,601	18,018,335	134,807,936	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,233,685	15,824,500	27,058,185	-44,397	27,013,788	16.00
17.00	01700	SOCIAL SERVICE	3,203,072	1,627,096	4,830,168	-2,822	4,827,346	17.00
18.00	01080	EXTENDED CARE SERVICES	1,207,266	870,596	2,077,862	-263,014	1,814,848	18.00
18.01	01851	LAB ADMINISTRATION	3,713,587	5,758,690	9,472,277	-7,506	9,464,771	18.01
20.00	02000	NURSING SCHOOL	8,316,236	6,072,868	14,389,104	-146	14,388,958	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	43,036,105	11,037,120	54,073,225	57,990,561	112,063,786	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	214,464	214,464	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	164,032	68,977	233,009	103,404	336,413	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	101,475,891	49,195,216	150,671,107	-2,703,962	147,967,145	30.00
31.00	03100	INTENSIVE CARE UNIT	6,510,523	2,682,720	9,193,243	-22,016	9,171,227	31.00
32.00	03200	CORONARY CARE UNIT	3,482,562	1,266,549	4,749,111	-23,822	4,725,289	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,402,546	2,895,317	9,297,863	-55,436	9,242,427	34.00
35.01	02041	NEURO-ICU	4,386,425	1,785,499	6,171,924	-16,192	6,155,732	35.01
35.02	02042	CARDIO-THORACIC ICU	5,672,731	2,342,625	8,015,356	-19,133	7,996,223	35.02
40.00	04000	SUBPROVIDER - IPF	4,909,377	2,907,479	7,816,856	-17,645	7,799,211	40.00
43.00	04300	NURSERY	957,487	518,778	1,476,265	-6,048	1,470,217	43.00
44.00	04400	SKILLED NURSING FACILITY	3,023,189	2,595,128	5,618,317	-35,629	5,582,688	44.00
45.00	04500	NURSING FACILITY	0	0	0	564,422	564,422	45.00
46.00	04600	OTHER LONG TERM CARE	1,056,681	824,725	1,881,406	-571,922	1,309,484	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,035,547	145,776,127	177,811,674	-124,336,933	53,474,741	50.00
51.00	05100	RECOVERY ROOM	9,784,558	4,879,832	14,664,390	2,256,579	16,920,969	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,800,329	2,893,841	7,694,170	-638,542	7,055,628	52.00
53.00	05300	ANESTHESIOLOGY	2,030,382	16,389,882	18,420,264	-3,891,628	14,528,636	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,350,340	25,838,589	40,188,929	-12,979,841	27,209,088	54.00
54.01	05401	ULTRASOUND	1,137,349	2,165,631	3,302,980	-705,655	2,597,325	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,146,657	24,220,921	31,367,578	-4,313,324	27,054,254	55.00
56.00	05600	RADIOISOTOPE	1,483,919	1,794,848	3,278,767	-763,012	2,515,755	56.00
57.00	05700	CT SCAN	2,703,250	2,531,476	5,234,726	-838,066	4,396,660	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,242,700	4,087,328	7,330,028	-1,451,776	5,878,252	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,250,155	24,818,838	29,068,993	-21,446,863	7,622,130	59.00
60.00	06000	LABORATORY	13,847,714	22,373,354	36,221,068	-567,602	35,653,466	60.00
60.01	06001	HLA LAB	810,619	2,047,222	2,857,841	-44,263	2,813,578	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,117,329	27,386,936	32,504,265	-181,142	32,323,123	63.00
65.00	06500	RESPIRATORY THERAPY	7,991,428	6,763,434	14,754,862	-894,075	13,860,787	65.00
66.00	06600	PHYSICAL THERAPY	4,312,528	1,758,732	6,071,260	-35,101	6,036,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,603,081	433,593	2,036,674	-23,087	2,013,587	67.00
68.00	06800	SPEECH PATHOLOGY	620,751	236,686	857,437	-45,138	812,299	68.00
69.00	06900	ELECTROCARDIOLOGY	3,020,213	3,648,332	6,668,545	-846,948	5,821,597	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	533,855	628,734	1,162,589	-72,797	1,089,792	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	79,801,673	79,801,673	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	89,708,362	89,708,362	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,851,466	1,708,615	3,560,081	-347,641	3,212,440	74.00
76.00	03330	ENDOSCOPY	3,736,771	4,860,835	8,597,606	-2,535,104	6,062,502	76.00
76.01	03950	OB/GYN IN VITRO	491,696	1,375,090	1,866,786	-261,644	1,605,142	76.01
76.02	03320	ELECTROSHOCK THERAPY	218,890	108,372	327,262	-6,504	320,758	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	460,550	460,550	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,250,309	6,553,303	15,803,612	-491,814	15,311,798	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	04950	OUTPATIENT PSYCH	562,475	974,327	1,536,802	-412,303	1,124,499	90.01
91.00	09100	EMERGENCY	12,997,053	10,616,815	23,613,868	-242,835	23,371,033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	732,677	6,946,150	7,678,827	450,445	8,129,272	105.00
106.00	10600	HEART ACQUISITION	465,596	1,642,754	2,108,350	-281,241	1,827,109	106.00
107.00	10700	LIVER ACQUISITION	417,416	4,002,266	4,419,682	236,053	4,655,735	107.00
108.00	10800	LUNG ACQUISITION	364,071	3,688,820	4,052,891	111,550	4,164,441	108.00
109.00	10900	PANCREAS ACQUISITION	0	676,616	676,616	3,342	679,958	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	565,822	4,929,261	5,495,083	0	5,495,083	112.00
113.00	11300	INTEREST EXPENSE		14,552,296	14,552,296	0	14,552,296	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	470,007,462	892,926,761	1,362,934,223	15,618,380	1,378,552,603	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	54,910	54,910	24,000	78,910	191.01
191.02	19102	RESEARCH CTSA O/P	0	15,088	15,088	22,922	38,010	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,466,510	7,922,445	14,388,955	-350,646	14,038,309	194.00
194.01	07951	RETAIL PHARMACY	2,768,295	16,417,139	19,185,434	-15,314,538	3,870,896	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	903,207	4,119,358	5,022,565	-118	5,022,447	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	480,145,474	921,455,701	1,401,601,175	0	1,401,601,175	200.00

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-414,775	19,022,079		1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-647,847	12,912,546		1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,750,280		1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	1,211,819		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-13,783,576	40,534,439		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS	17,276,412	33,941,343		4.00
5.01	00510	NONPATIENT TELEPHONES	-34	1,348,562		5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	8,791,183	13,393,733		5.03
5.04	00513	ADMITTING	0	16,686,872		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	9,920		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	139,365,170	220,337,977		5.06
7.00	00700	OPERATION OF PLANT	10,887,582	45,397,124		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-30,000	3,360,835		8.00
9.00	00900	HOUSEKEEPING	-1,463,234	17,456,774		9.00
10.00	01000	DIETARY	-107,996	10,992,257		10.00
11.00	01100	CAFETERIA	-9,711,987	4,515,281		11.00
13.00	01300	NURSING ADMINISTRATION	-2,189,845	37,777,131		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	874	8,798,706		14.00
15.00	01500	PHARMACY	-249,133	134,558,803		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,277,358	25,736,430		16.00
17.00	01700	SOCIAL SERVICE	194	4,827,540		17.00
18.00	01080	EXTENDED CARE SERVICES	-62,046	1,752,802		18.00
18.01	01851	LAB ADMINISTRATION	-20	9,464,751		18.01
20.00	02000	NURSING SCHOOL	-16,656,523	-2,267,565		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-2,919,575	109,144,211		21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	214,464		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	3,788	340,201		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-15,635,956	132,331,189		30.00
31.00	03100	INTENSIVE CARE UNIT	-35,512	9,135,715		31.00
32.00	03200	CORONARY CARE UNIT	0	4,725,289		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-572	9,241,855		34.00
35.01	02041	NEURO-ICU	0	6,155,732		35.01
35.02	02042	CARDIO-THORACIC ICU	0	7,996,223		35.02
40.00	04000	SUBPROVIDER - IPF	-82	7,799,129		40.00
43.00	04300	NURSERY	0	1,470,217		43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,582,688		44.00
45.00	04500	NURSING FACILITY	0	564,422		45.00
46.00	04600	OTHER LONG TERM CARE	0	1,309,484		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,216,269	52,258,472		50.00
51.00	05100	RECOVERY ROOM	0	16,920,969		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-12,457	7,043,171		52.00
53.00	05300	ANESTHESIOLOGY	-8,307,776	6,220,860		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-678,830	26,530,258		54.00
54.01	05401	ULTRASOUND	-136,071	2,461,254		54.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	-8,254,236	18,800,018		55.00
56.00	05600	RADIOISOTOPE	-176,461	2,339,294		56.00
57.00	05700	CT SCAN	-354,688	4,041,972		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-206,150	5,672,102		58.00
59.00	05900	CARDIAC CATHETERIZATION	71,824	7,693,954		59.00
60.00	06000	LABORATORY	-1,865	35,651,601		60.00
60.01	06001	HLA LAB	175,915	2,989,493		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,383	32,327,506		63.00
65.00	06500	RESPIRATORY THERAPY	-4,303	13,856,484		65.00
66.00	06600	PHYSICAL THERAPY	-2	6,036,157		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,013,587		67.00
68.00	06800	SPEECH PATHOLOGY	-400	811,899		68.00
69.00	06900	ELECTROCARDIOLOGY	-22,556	5,799,041		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,089,792		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-99	79,801,574		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	89,708,362		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-763	-763		73.00
74.00	07400	RENAL DIALYSIS	-700	3,211,740		74.00
76.00	03330	ENDOSCOPY	0	6,062,502		76.00
76.01	03950	OB/GYN IN VITRO	-83,068	1,522,074		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	320,758		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	460,550		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-713,881	14,597,917		90.00
90.01	04950	OUTPATIENT PSYCH	-1,008,016	116,483		90.01
91.00	09100	EMERGENCY	-2,889,203	20,481,830		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	114	8,129,386		105.00
106.00	10600	HEART ACQUISITION	0	1,827,109		106.00
107.00	10700	LIVER ACQUISITION	-20	4,655,715		107.00
108.00	10800	LUNG ACQUISITION	0	4,164,441		108.00
109.00	10900	PANCREAS ACQUISITION	0	679,958		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	-80,467	5,414,616		112.00
113.00	11300	INTEREST EXPENSE	-14,552,296	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,690,791	1,451,243,394		118.00
		NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	0	0		191.00
191.01	19101	RESEARCH CTSA I/P	268	79,178		191.01
191.02	19102	RESEARCH CTSA O/P	0	38,010		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	-606	14,037,703		194.00
194.01	07951	RETAIL PHARMACY	0	3,870,896		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,022,447		194.02
194.03	07953	GUEST MEALS	0	0		194.03
200.00		TOTAL (SUM OF LINES 118-199)	72,690,453	1,474,291,628		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet Non-CMS W | Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	00103		1.03
1.04	NEW CRC-B&F(GSON)	00104		1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	00105		1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.01	NONPATIENT TELEPHONES	00510		5.01
5.03	PURCHASING, RECEIVING AND STORES	00512		5.03
5.04	ADMITTING	00513		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00514		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	EXTENDED CARE SERVICES	01080		18.00
18.01	LAB ADMINISTRATION	01851		18.01
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.01	PARAMED ED PRGM-PHARMACY	02301		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.01	NEURO-ICU	02041		35.01
35.02	CARDIO-THORACIC ICU	02042		35.02
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	05401		54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	HLA LAB	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ENDOSCOPY	03330		76.00
76.01	OB/GYN IN VITRO	03950		76.01
76.02	ELECTROSHOCK THERAPY	03320		76.02
76.03	CORNEAL TISSUE ACQUISITION	03951		76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00

COST CENTERS USED IN COST REPORT	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.01	OUTPATIENT PSYCH	04950		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
191.00	RESEARCH	19100		191.00
191.01	RESEARCH CTSA I/P	19101		191.01
191.02	RESEARCH CTSA O/P	19102		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
194.02	MARKETING/COMMUNITY RELATIONS	07952		194.02
194.03	GUEST MEALS	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS COST OF DRUGS SOLD					
1.00	PHARMACY	15.00	0	18,950,771		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	TOTALS		0	18,950,771		
	B - RECLASS COST OF MEDICAL SUPPLIES CHA					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	79,801,673		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	79,801,673		
	C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	89,708,362		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	TOTALS		0	89,708,362		
	D - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	35,193,397		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
	TOTALS		0	35,193,397		
	F - RECLASS WASH U AFFILIATION AGREEMENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	57,990,579		1.00
	TOTALS		0	57,990,579		

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	G - RECLASS COST OF INTERPRETORS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,121,364	716,902		1.00
	TOTALS		1,121,364	716,902		
	H - RECLASS GAMMA KNIFE COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,760		1.00
2.00	CT SCAN	57.00	0	18,300		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	61,103		3.00
	TOTALS		0	82,163		
	I - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-PHARMACY	23.01	171,976	42,488		1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	82,244	21,599		2.00
	TOTALS		254,220	64,087		
	J - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	495,331	2,144,834		1.00
2.00	OPERATION OF PLANT	7.00	0	82,611		2.00
	TOTALS		495,331	2,227,445		
	K - RECLASS NURSING FACILITY COSTS					
1.00	NURSING FACILITY	45.00	424,834	139,588		1.00
	TOTALS		424,834	139,588		
	L - RECLASS DIETARY COSTS TO CAFETERIA					
1.00	CAFETERIA	11.00	1,629,057	5,072,449		1.00
	TOTALS		1,629,057	5,072,449		
	M - RECLASS PRE-TRANSPLANT RELATED DIETI					
1.00	KIDNEY ACQUISITION	105.00	938	274		1.00
2.00	HEART ACQUISITION	106.00	8,945	2,614		2.00
3.00	LIVER ACQUISITION	107.00	13,850	4,047		3.00
4.00	LUNG ACQUISITION	108.00	6,883	2,011		4.00
	TOTALS		30,616	8,946		
	N - RECLASS TRANSPLANT SALARIES AND BENE					
1.00	NURSING ADMINISTRATION	13.00	329,230	85,108		1.00
2.00	KIDNEY ACQUISITION	105.00	226,356	58,089		2.00
3.00	LIVER ACQUISITION	107.00	139,731	37,279		3.00
4.00	LUNG ACQUISITION	108.00	61,160	16,160		4.00
5.00	PANCREAS ACQUISITION	109.00	2,057	527		5.00
	TOTALS		758,534	197,163		
	O - RECLASS PRE-TRANSPLANT RELATED SOCIA					
1.00	KIDNEY ACQUISITION	105.00	129,816	34,972		1.00
2.00	HEART ACQUISITION	106.00	22,138	5,964		2.00
3.00	LIVER ACQUISITION	107.00	32,414	8,732		3.00
4.00	LUNG ACQUISITION	108.00	21,460	5,781		4.00
5.00	PANCREAS ACQUISITION	109.00	597	161		5.00
	TOTALS		206,425	55,610		
	Q - RECLASS BARNARD BUILDING RENTAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,622		1.00
2.00	HOUSEKEEPING	9.00	0	2,000		2.00
3.00	LABORATORY	60.00	0	40,726		3.00
4.00	RESEARCH CTSA I/P	191.01	0	30,852		4.00
5.00	RESEARCH CTSA O/P	191.02	0	27,922		5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,221		6.00
	TOTALS		0	106,343		
	R - RECLASS NON-REIMBURSABLE PARKING					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	155,984	1,136,051		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		155,984	1,136,051		
	T - RECLASS EXTENDED RECOVERY NURSING SE					
1.00	RECOVERY ROOM	51.00	0	2,335,823		1.00
	TOTALS		0	2,335,823		
	U - RECLASS PHYSICIAN SUITE CLEANING COS					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	190,676	55,838		1.00
	TOTALS		190,676	55,838		
	V - RECLASS PROPERTY INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,452,351		1.00
	TOTALS		0	1,452,351		

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 3:23 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	W - RECLASS RECRUITING BONUS AND RELOCAT				
1.00	NONPATIENT TELEPHONES	5.01	200	0	1.00
2.00	ADMITTING	5.04	900	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	301	0	3.00
4.00	OPERATION OF PLANT	7.00	200	0	4.00
5.00	HOUSEKEEPING	9.00	1,300	0	5.00
6.00	DIETARY	10.00	400	0	6.00
7.00	CAFETERIA	11.00	200	0	7.00
8.00	NURSING ADMINISTRATION	13.00	1,200	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	100	0	9.00
10.00	PHARMACY	15.00	20,357	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	1,100	0	11.00
12.00	SOCIAL SERVICE	17.00	500	0	12.00
13.00	LAB ADMINISTRATION	18.01	5,067	0	13.00
14.00	NURSING SCHOOL	20.00	4,054	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,000	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	20,689	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	8,500	0	17.00
18.00	CORONARY CARE UNIT	32.00	300	0	18.00
19.00	SURGICAL INTENSIVE CARE UNIT	34.00	10,700	0	19.00
20.00	CARDIO-THORACIC ICU	35.02	1,900	0	20.00
21.00	SUBPROVIDER - IPF	40.00	600	0	21.00
22.00	OPERATING ROOM	50.00	13,014	0	22.00
23.00	RECOVERY ROOM	51.00	1,100	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	600	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	600	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	3,263	0	26.00
27.00	CT SCAN	57.00	500	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	600	0	28.00
29.00	LABORATORY	60.00	1,400	0	29.00
30.00	HLA LAB	60.01	500	0	30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,000	0	31.00
32.00	RESPIRATORY THERAPY	65.00	700	0	32.00
33.00	PHYSICAL THERAPY	66.00	3,000	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	2,000	0	34.00
35.00	RENAL DIALYSIS	74.00	500	0	35.00
36.00	CLINIC	90.00	100	0	36.00
37.00	OUTPATIENT PSYCH	90.01	800	0	37.00
38.00	EMERGENCY	91.00	1,400	0	38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	300	0	39.00
40.00	RETAIL PHARMACY	194.01	1,000	0	40.00
	TOTALS		113,945	0	
	Y - RECLASS CORNEAL TISSUE ACQUISITION C				
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	460,550	1.00
	TOTALS		0	460,550	
500.00	Grand Total: Increases		5,380,986	295,756,091	500.00

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS COST OF DRUGS SOLD						
1.00	SOCIAL SERVICE	17.00	0	2,692	0		1.00
2.00	NURSING SCHOOL	20.00	0	95	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	12,504	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	744	0		4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	235	0		5.00
6.00	NEURO-ICU	35.01	0	420	0		6.00
7.00	CARDIO-THORACIC ICU	35.02	0	68	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	41	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	5,590	0		9.00
10.00	OTHER LONG TERM CARE	46.00	0	2,162	0		10.00
11.00	OPERATING ROOM	50.00	0	10,706	0		11.00
12.00	RECOVERY ROOM	51.00	0	2,043	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,109	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	1,190,976	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	288,298	0		15.00
16.00	ULTRASOUND	54.01	0	2,577	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	529,954	0		17.00
18.00	RADIOISOTOPE	56.00	0	490,548	0		18.00
19.00	CT SCAN	57.00	0	14,893	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	28,252	0		20.00
21.00	LABORATORY	60.00	0	1,146	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	57,501	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	2,096	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	292,469	0		24.00
25.00	RENAL DIALYSIS	74.00	0	25,969	0		25.00
26.00	ENDOSCOPY	76.00	0	150	0		26.00
27.00	OB/GYN IN VITRO	76.01	0	10,368	0		27.00
28.00	ELECTROSHOCK THERAPY	76.02	0	13	0		28.00
29.00	CLINIC	90.00	0	271,046	0		29.00
30.00	OUTPATIENT PSYCH	90.01	0	412,303	0		30.00
31.00	EMERGENCY	91.00	0	22,933	0		31.00
32.00	RESEARCH CTSA I/P	191.01	0	2,881	0		32.00
33.00	RETAIL PHARMACY	194.01	0	15,266,989	0		33.00
	TOTALS		0	18,950,771			
	B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	2,809,693	0		1.00
2.00	DIETARY	10.00	0	50,943	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,475,578	0		3.00
4.00	PHARMACY	15.00	0	669,763	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,363	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	12,778	0		6.00
7.00	NEURO-ICU	35.01	0	556	0		7.00
8.00	OPERATING ROOM	50.00	0	44,900,856	0		8.00
9.00	RECOVERY ROOM	51.00	0	26,185	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	556,406	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	1,879,970	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,532,055	0		12.00
13.00	ULTRASOUND	54.01	0	97,502	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	160,540	0		14.00
15.00	CT SCAN	57.00	0	48,109	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,005	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	8,696,500	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	186	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	350,553	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	21,095	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	23,087	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	22,671	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	246,454	0		23.00
24.00	RENAL DIALYSIS	74.00	0	253,468	0		24.00
25.00	ENDOSCOPY	76.00	0	1,855,524	0		25.00
26.00	CLINIC	90.00	0	38,877	0		26.00
27.00	EMERGENCY	91.00	0	65,956	0		27.00
	TOTALS		0	79,801,673			
	C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	17,196	0		1.00
2.00	OPERATING ROOM	50.00	0	73,224,836	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,300	0		3.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,331,630	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,254,936	0	5.00
6.00	CT SCAN	57.00	0	2,806	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	12,190,671	0	7.00
8.00	ENDOSCOPY	76.00	0	515,322	0	8.00
9.00	CLINIC	90.00	0	164,665	0	9.00
	TOTALS		0	89,708,362		
	D - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CRC-B&F(GSON)	1.04	0	735,252	9	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	15,430	0	2.00
3.00	NONPATIENT TELEPHONES	5.01	0	593	0	3.00
4.00	ADMITTING	5.04	0	4,782	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,924,585	0	5.00
6.00	OPERATION OF PLANT	7.00	0	360,031	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	2,404	0	7.00
8.00	HOUSEKEEPING	9.00	0	108,735	0	8.00
9.00	DIETARY	10.00	0	133,399	0	9.00
10.00	CAFETERIA	11.00	0	31,861	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	708,015	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	150,041	0	12.00
13.00	PHARMACY	15.00	0	48,209	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	44,397	0	14.00
15.00	SOCIAL SERVICE	17.00	0	130	0	15.00
16.00	EXTENDED CARE SERVICES	18.00	0	979	0	16.00
17.00	LAB ADMINISTRATION	18.01	0	7,506	0	17.00
18.00	NURSING SCHOOL	20.00	0	51	0	18.00
19.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	18	0	19.00
20.00	PARAMED ED PRGM-PASTORAL ED	23.02	0	439	0	20.00
21.00	ADULTS & PEDIATRICS	30.00	0	353,272	0	21.00
22.00	INTENSIVE CARE UNIT	31.00	0	21,272	0	22.00
23.00	CORONARY CARE UNIT	32.00	0	23,822	0	23.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	42,423	0	24.00
25.00	NEURO-ICU	35.01	0	15,216	0	25.00
26.00	CARDIO-THORACIC ICU	35.02	0	19,065	0	26.00
27.00	SUBPROVIDER - IPF	40.00	0	17,604	0	27.00
28.00	NURSERY	43.00	0	6,048	0	28.00
29.00	SKILLED NURSING FACILITY	44.00	0	30,039	0	29.00
30.00	OTHER LONG TERM CARE	46.00	0	5,338	0	30.00
31.00	OPERATING ROOM	50.00	0	5,105,190	0	31.00
32.00	RECOVERY ROOM	51.00	0	51,016	0	32.00
33.00	DELIVERY ROOM & LABOR ROOM	52.00	0	73,727	0	33.00
34.00	ANESTHESIOLOGY	53.00	0	820,682	0	34.00
35.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,830,618	0	35.00
36.00	ULTRASOUND	54.01	0	605,576	0	36.00
37.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,285,731	0	37.00
38.00	RADIOISOTOPE	56.00	0	272,464	0	38.00
39.00	CT SCAN	57.00	0	790,558	0	39.00
40.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,480,622	0	40.00
41.00	CARDIAC CATHETERIZATION	59.00	0	559,692	0	41.00
42.00	LABORATORY	60.00	0	607,182	0	42.00
43.00	HLA LAB	60.01	0	44,263	0	43.00
44.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	123,455	0	44.00
45.00	RESPIRATORY THERAPY	65.00	0	541,426	0	45.00
46.00	PHYSICAL THERAPY	66.00	0	14,006	0	46.00
47.00	SPEECH PATHOLOGY	68.00	0	22,467	0	47.00
48.00	ELECTROCARDIOLOGY	69.00	0	308,025	0	48.00
49.00	ELECTROENCEPHALOGRAPHY	70.00	0	72,797	0	49.00
50.00	RENAL DIALYSIS	74.00	0	68,204	0	50.00
51.00	ENDOSCOPY	76.00	0	164,108	0	51.00
52.00	OB/GYN IN VITRO	76.01	0	251,276	0	52.00
53.00	ELECTROSHOCK THERAPY	76.02	0	6,491	0	53.00
54.00	CLINIC	90.00	0	17,226	0	54.00
55.00	EMERGENCY	91.00	0	153,946	0	55.00
56.00	LUNG ACQUISITION	108.00	0	1,905	0	56.00
57.00	RESEARCH CTSA I/P	191.01	0	3,971	0	57.00
58.00	RESEARCH CTSA O/P	191.02	0	5,000	0	58.00
59.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	53,150	0	59.00
60.00	RETAIL PHARMACY	194.01	0	47,549	0	60.00

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
61.00	MARKETING/COMMUNITY RELATIONS	194.02	0	118	0		61.00
	TOTALS		0	35,193,397			
	F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	57,990,579	0		1.00
	TOTALS		0	57,990,579			
	G - RECLASS COST OF INTERPRETORS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,121,364	716,902	0		1.00
	TOTALS		1,121,364	716,902			
	H - RECLASS GAMMA KNIFE COSTS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	82,163	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	82,163			
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	171,976	42,488	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	82,244	21,599	0		2.00
	TOTALS		254,220	64,087			
	J - RECLASS FINANCE ACCRUALS						
1.00	EMPLOYEE BENEFITS	4.00	495,331	351,016	0		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	1,876,429	0		2.00
	TOTALS		495,331	2,227,445			
	K - RECLASS NURSING FACILITY COSTS						
1.00	OTHER LONG TERM CARE	46.00	424,834	139,588	0		1.00
	TOTALS		424,834	139,588			
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	DIETARY	10.00	1,629,057	5,072,449	0		1.00
	TOTALS		1,629,057	5,072,449			
	M - RECLASS PRE-TRANSPLANT RELATED DIETI						
1.00	CAFETERIA	11.00	30,616	8,946	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		30,616	8,946			
	N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	OPERATING ROOM	50.00	505,160	129,635	0		1.00
2.00	HEART ACQUISITION	106.00	253,374	67,528	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		758,534	197,163			
	O - RECLASS PRE-TRANSPLANT RELATED SOCIA						
1.00	EXTENDED CARE SERVICES	18.00	206,425	55,610	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		206,425	55,610			
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	106,343	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	106,343			
	R - RECLASS NON-REIMBURSABLE PARKING						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	443,837	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	439,572	9		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	19,215	9		3.00
4.00	EMPLOYEE BENEFITS	4.00	155,984	171,493	0		4.00
5.00	OPERATION OF PLANT	7.00	0	61,934	0		5.00
	TOTALS		155,984	1,136,051			
	T - RECLASS EXTENDED RECOVERY NURSING SE						
1.00	ADULTS & PEDIATRICS	30.00	0	2,335,823	0		1.00
	TOTALS		0	2,335,823			

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 3:23 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	U - RECLASS PHYSICIAN SUITE CLEANING COS					
1.00	HOUSEKEEPING	9.00	190,676	55,838	0	1.00
	TOTALS		190,676	55,838		
	V - RECLASS PROPERTY INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,452,351	0	1.00
	TOTALS		0	1,452,351		
	W - RECLASS RECRUITING BONUS AND RELOCAT					
1.00	NONPATIENT TELEPHONES	5.01	0	200	0	1.00
2.00	ADMITTING	5.04	0	900	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	301	0	3.00
4.00	OPERATION OF PLANT	7.00	0	200	0	4.00
5.00	HOUSEKEEPING	9.00	0	1,300	0	5.00
6.00	DIETARY	10.00	0	400	0	6.00
7.00	CAFETERIA	11.00	0	200	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,200	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	100	0	9.00
10.00	PHARMACY	15.00	0	20,357	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,100	0	11.00
12.00	SOCIAL SERVICE	17.00	0	500	0	12.00
13.00	LAB ADMINISTRATION	18.01	0	5,067	0	13.00
14.00	NURSING SCHOOL	20.00	0	4,054	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,000	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	20,689	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	8,500	0	17.00
18.00	CORONARY CARE UNIT	32.00	0	300	0	18.00
19.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	10,700	0	19.00
20.00	CARDIO-THORACIC ICU	35.02	0	1,900	0	20.00
21.00	SUBPROVIDER - IPF	40.00	0	600	0	21.00
22.00	OPERATING ROOM	50.00	0	13,014	0	22.00
23.00	RECOVERY ROOM	51.00	0	1,100	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	600	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	600	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,263	0	26.00
27.00	CT SCAN	57.00	0	500	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	600	0	28.00
29.00	LABORATORY	60.00	0	1,400	0	29.00
30.00	HLA LAB	60.01	0	500	0	30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,000	0	31.00
32.00	RESPIRATORY THERAPY	65.00	0	700	0	32.00
33.00	PHYSICAL THERAPY	66.00	0	3,000	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	0	2,000	0	34.00
35.00	RENAL DIALYSIS	74.00	0	500	0	35.00
36.00	CLINIC	90.00	0	100	0	36.00
37.00	OUTPATIENT PSYCH	90.01	0	800	0	37.00
38.00	EMERGENCY	91.00	0	1,400	0	38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	300	0	39.00
40.00	RETAIL PHARMACY	194.01	0	1,000	0	40.00
	TOTALS		0	113,945		
	Y - RECLASS CORNEAL TISSUE ACQUISITION C					
1.00	OPERATING ROOM	50.00	0	460,550	0	1.00
	TOTALS		0	460,550		
500.00	Grand Total: Decreases		5,267,041	295,870,036		500.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/28/2013 3:23 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - RECLASS COST OF DRUGS SOLD						
1.00	PHARMACY	15.00	0	SOCIAL SERVICE	17.00	0	1.00
2.00		0.00	0	NURSING SCHOOL	20.00	0	2.00
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	3.00
4.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	4.00
5.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	5.00
6.00		0.00	0	NEURO-ICU	35.01	0	6.00
7.00		0.00	0	CARDIO-THORACIC ICU	35.02	0	7.00
8.00		0.00	0	SUBPROVIDER - IPF	40.00	0	8.00
9.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	9.00
10.00		0.00	0	OTHER LONG TERM CARE	46.00	0	10.00
11.00		0.00	0	OPERATING ROOM	50.00	0	11.00
12.00		0.00	0	RECOVERY ROOM	51.00	0	12.00
13.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	13.00
14.00		0.00	0	ANESTHESIOLOGY	53.00	0	14.00
15.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	15.00
16.00		0.00	0	ULTRASOUND	54.01	0	16.00
17.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	17.00
18.00		0.00	0	RADIOISOTOPE	56.00	0	18.00
19.00		0.00	0	CT SCAN	57.00	0	19.00
20.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20.00
21.00		0.00	0	LABORATORY	60.00	0	21.00
22.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	22.00
23.00		0.00	0	RESPIRATORY THERAPY	65.00	0	23.00
24.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	24.00
25.00		0.00	0	RENAL DIALYSIS	74.00	0	25.00
26.00		0.00	0	ENDOSCOPY	76.00	0	26.00
27.00		0.00	0	OB/GYN IN VITRO	76.01	0	27.00
28.00		0.00	0	ELECTROSHOCK THERAPY	76.02	0	28.00
29.00		0.00	0	CLINIC	90.00	0	29.00
30.00		0.00	0	OUTPATIENT PSYCH	90.01	0	30.00
31.00		0.00	0	EMERGENCY	91.00	0	31.00
32.00		0.00	0	RESEARCH CTSA I/P	191.01	0	32.00
33.00		0.00	0	RETAIL PHARMACY	194.01	0	33.00
	TOTALS		0	TOTALS		0	
	B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	PURCHASING, RECEIVING AND STORES	5.03	0	1.00
2.00		0.00	0	DIETARY	10.00	0	2.00
3.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	3.00
4.00		0.00	0	PHARMACY	15.00	0	4.00
5.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	5.00
6.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	6.00
7.00		0.00	0	NEURO-ICU	35.01	0	7.00
8.00		0.00	0	OPERATING ROOM	50.00	0	8.00
9.00		0.00	0	RECOVERY ROOM	51.00	0	9.00
10.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	10.00
11.00		0.00	0	ANESTHESIOLOGY	53.00	0	11.00
12.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	12.00
13.00		0.00	0	ULTRASOUND	54.01	0	13.00
14.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	14.00
15.00		0.00	0	CT SCAN	57.00	0	15.00
16.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16.00
17.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	17.00
18.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	18.00
19.00		0.00	0	RESPIRATORY THERAPY	65.00	0	19.00
20.00		0.00	0	PHYSICAL THERAPY	66.00	0	20.00
21.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	21.00
22.00		0.00	0	SPEECH PATHOLOGY	68.00	0	22.00
23.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	23.00
24.00		0.00	0	RENAL DIALYSIS	74.00	0	24.00
25.00		0.00	0	ENDOSCOPY	76.00	0	25.00
26.00		0.00	0	CLINIC	90.00	0	26.00
27.00		0.00	0	EMERGENCY	91.00	0	27.00
	TOTALS		0	TOTALS		0	
	C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	PURCHASING, RECEIVING AND STORES	5.03	0	1.00
2.00		0.00	0	OPERATING ROOM	50.00	0	2.00
3.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	3.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
4.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4.00
5.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	5.00
6.00		0.00	0	CT SCAN	57.00	0	6.00
7.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	7.00
8.00		0.00	0	ENDOSCOPY	76.00	0	8.00
9.00		0.00	0	CLINIC	90.00	0	9.00
	TOTALS		0	TOTALS		0	
	D - RECLASS EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	NEW CRC-B&F(GSON)	1.04	0	1.00
2.00		0.00	0	EMPLOYEE BENEFITS	4.00	0	2.00
3.00		0.00	0	NONPATIENT TELEPHONES	5.01	0	3.00
4.00		0.00	0	ADMITTING	5.04	0	4.00
5.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5.00
6.00		0.00	0	OPERATION OF PLANT	7.00	0	6.00
7.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0	7.00
8.00		0.00	0	HOUSEKEEPING	9.00	0	8.00
9.00		0.00	0	DIETARY	10.00	0	9.00
10.00		0.00	0	CAFETERIA	11.00	0	10.00
11.00		0.00	0	NURSING ADMINISTRATION	13.00	0	11.00
12.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	12.00
13.00		0.00	0	PHARMACY	15.00	0	13.00
14.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	14.00
15.00		0.00	0	SOCIAL SERVICE	17.00	0	15.00
16.00		0.00	0	EXTENDED CARE SERVICES	18.00	0	16.00
17.00		0.00	0	LAB ADMINISTRATION	18.01	0	17.00
18.00		0.00	0	NURSING SCHOOL	20.00	0	18.00
19.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	19.00
20.00		0.00	0	PARAMED ED PRGM-PASTORAL ED	23.02	0	20.00
21.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	21.00
22.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	22.00
23.00		0.00	0	CORONARY CARE UNIT	32.00	0	23.00
24.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	24.00
25.00		0.00	0	NEURO-ICU	35.01	0	25.00
26.00		0.00	0	CARDIO-THORACIC ICU	35.02	0	26.00
27.00		0.00	0	SUBPROVIDER - IPF	40.00	0	27.00
28.00		0.00	0	NURSERY	43.00	0	28.00
29.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	29.00
30.00		0.00	0	OTHER LONG TERM CARE	46.00	0	30.00
31.00		0.00	0	OPERATING ROOM	50.00	0	31.00
32.00		0.00	0	RECOVERY ROOM	51.00	0	32.00
33.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33.00
34.00		0.00	0	ANESTHESIOLOGY	53.00	0	34.00
35.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	35.00
36.00		0.00	0	ULTRASOUND	54.01	0	36.00
37.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	37.00
38.00		0.00	0	RADIOISOTOPE	56.00	0	38.00
39.00		0.00	0	CT SCAN	57.00	0	39.00
40.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	40.00
41.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	41.00
42.00		0.00	0	LABORATORY	60.00	0	42.00
43.00		0.00	0	HLA LAB	60.01	0	43.00
44.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44.00
45.00		0.00	0	RESPIRATORY THERAPY	65.00	0	45.00
46.00		0.00	0	PHYSICAL THERAPY	66.00	0	46.00
47.00		0.00	0	SPEECH PATHOLOGY	68.00	0	47.00
48.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	48.00
49.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	49.00
50.00		0.00	0	RENAL DIALYSIS	74.00	0	50.00
51.00		0.00	0	ENDOSCOPY	76.00	0	51.00
52.00		0.00	0	OB/GYN IN VITRO	76.01	0	52.00
53.00		0.00	0	ELECTROSHOCK THERAPY	76.02	0	53.00
54.00		0.00	0	CLINIC	90.00	0	54.00
55.00		0.00	0	EMERGENCY	91.00	0	55.00
56.00		0.00	0	LUNG ACQUISITION	108.00	0	56.00
57.00		0.00	0	RESEARCH CTSA I/P	191.01	0	57.00
58.00		0.00	0	RESEARCH CTSA O/P	191.02	0	58.00
59.00		0.00	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	59.00
60.00		0.00	0	RETAIL PHARMACY	194.01	0	60.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
61.00		0.00	0	MARKETING/COMMUNITY RELATIONS	194.02	0	61.00
	TOTALS		0	TOTALS		0	
	F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
	TOTALS		0	TOTALS		0	
	G - RECLASS COST OF INTERPRETORS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,121,364	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,121,364	1.00
	TOTALS		1,121,364	TOTALS		1,121,364	
	H - RECLASS GAMMA KNIFE COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	1.00
2.00	CT SCAN	57.00	0		0.00	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PARAMED ED PRGM-PHARMACY	23.01	171,976	PHARMACY	15.00	171,976	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	82,244	OTHER ADMINISTRATIVE AND GENERAL	5.06	82,244	2.00
	TOTALS		254,220	TOTALS		254,220	
	J - RECLASS FINANCE ACCRUALS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	495,331	EMPLOYEE BENEFITS	4.00	495,331	1.00
2.00	OPERATION OF PLANT	7.00	0	PURCHASING, RECEIVING AND STORES	5.03	0	2.00
	TOTALS		495,331	TOTALS		495,331	
	K - RECLASS NURSING FACILITY COSTS						
1.00	NURSING FACILITY	45.00	424,834	OTHER LONG TERM CARE	46.00	424,834	1.00
	TOTALS		424,834	TOTALS		424,834	
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	CAFETERIA	11.00	1,629,057	DIETARY	10.00	1,629,057	1.00
	TOTALS		1,629,057	TOTALS		1,629,057	
	M - RECLASS PRE-TRANSPLANT RELATED DIETI						
1.00	KIDNEY ACQUISITION	105.00	938	CAFETERIA	11.00	30,616	1.00
2.00	HEART ACQUISITION	106.00	8,945		0.00	0	2.00
3.00	LIVER ACQUISITION	107.00	13,850		0.00	0	3.00
4.00	LUNG ACQUISITION	108.00	6,883		0.00	0	4.00
	TOTALS		30,616	TOTALS		30,616	
	N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	NURSING ADMINISTRATION	13.00	329,230	OPERATING ROOM	50.00	505,160	1.00
2.00	KIDNEY ACQUISITION	105.00	226,356	HEART ACQUISITION	106.00	253,374	2.00
3.00	LIVER ACQUISITION	107.00	139,731		0.00	0	3.00
4.00	LUNG ACQUISITION	108.00	61,160		0.00	0	4.00
5.00	PANCREAS ACQUISITION	109.00	2,057		0.00	0	5.00
	TOTALS		758,534	TOTALS		758,534	
	O - RECLASS PRE-TRANSPLANT RELATED SOCIA						
1.00	KIDNEY ACQUISITION	105.00	129,816	EXTENDED CARE SERVICES	18.00	206,425	1.00
2.00	HEART ACQUISITION	106.00	22,138		0.00	0	2.00
3.00	LIVER ACQUISITION	107.00	32,414		0.00	0	3.00
4.00	LUNG ACQUISITION	108.00	21,460		0.00	0	4.00
5.00	PANCREAS ACQUISITION	109.00	597		0.00	0	5.00
	TOTALS		206,425	TOTALS		206,425	
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
2.00	HOUSEKEEPING	9.00	0		0.00	0	2.00
3.00	LABORATORY	60.00	0		0.00	0	3.00
4.00	RESEARCH CTSA I/P	191.01	0		0.00	0	4.00
5.00	RESEARCH CTSA O/P	191.02	0		0.00	0	5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0		0.00	0	6.00
	TOTALS		0	TOTALS		0	
	R - RECLASS NON-REIMBURSABLE PARKING						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	155,984	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00		0.00	0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	2.00
3.00		0.00	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3.00
4.00		0.00	0	EMPLOYEE BENEFITS	4.00	155,984	4.00
5.00		0.00	0	OPERATION OF PLANT	7.00	0	5.00
	TOTALS		155,984	TOTALS		155,984	

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	T - RECLASS EXTENDED RECOVERY NURSING SE						
1.00	RECOVERY ROOM	51.00	0	ADULTS & PEDIATRICS	30.00	0	1.00
	TOTALS		0	TOTALS		0	
	U - RECLASS PHYSICIAN SUITE CLEANING COS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	190,676	HOUSEKEEPING	9.00	190,676	1.00
	TOTALS		190,676	TOTALS		190,676	
	V - RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
	TOTALS		0	TOTALS		0	
	W - RECLASS RECRUITING BONUS AND RELOCAT						
1.00	NONPATIENT TELEPHONES	5.01	200	NONPATIENT TELEPHONES	5.01	0	1.00
2.00	ADMITTING	5.04	900	ADMITTING	5.04	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	301	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3.00
4.00	OPERATION OF PLANT	7.00	200	OPERATION OF PLANT	7.00	0	4.00
5.00	HOUSEKEEPING	9.00	1,300	HOUSEKEEPING	9.00	0	5.00
6.00	DIETARY	10.00	400	DIETARY	10.00	0	6.00
7.00	CAFETERIA	11.00	200	CAFETERIA	11.00	0	7.00
8.00	NURSING ADMINISTRATION	13.00	1,200	NURSING ADMINISTRATION	13.00	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	100	CENTRAL SERVICES & SUPPLY	14.00	0	9.00
10.00	PHARMACY	15.00	20,357	PHARMACY	15.00	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	1,100	MEDICAL RECORDS & LIBRARY	16.00	0	11.00
12.00	SOCIAL SERVICE	17.00	500	SOCIAL SERVICE	17.00	0	12.00
13.00	LAB ADMINISTRATION	18.01	5,067	LAB ADMINISTRATION	18.01	0	13.00
14.00	NURSING SCHOOL	20.00	4,054	NURSING SCHOOL	20.00	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,000	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	20,689	ADULTS & PEDIATRICS	30.00	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	8,500	INTENSIVE CARE UNIT	31.00	0	17.00
18.00	CORONARY CARE UNIT	32.00	300	CORONARY CARE UNIT	32.00	0	18.00
19.00	SURGICAL INTENSIVE CARE UNIT	34.00	10,700	SURGICAL INTENSIVE CARE UNIT	34.00	0	19.00
20.00	CARDIO-THORACIC ICU	35.02	1,900	CARDIO-THORACIC ICU	35.02	0	20.00
21.00	SUBPROVIDER - IPF	40.00	600	SUBPROVIDER - IPF	40.00	0	21.00
22.00	OPERATING ROOM	50.00	13,014	OPERATING ROOM	50.00	0	22.00
23.00	RECOVERY ROOM	51.00	1,100	RECOVERY ROOM	51.00	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	600	DELIVERY ROOM & LABOR ROOM	52.00	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	600	RADIOLOGY-DIAGNOSTIC	54.00	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	3,263	RADIOLOGY-THERAPEUTIC	55.00	0	26.00
27.00	CT SCAN	57.00	500	CT SCAN	57.00	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	600	CARDIAC CATHETERIZATION	59.00	0	28.00
29.00	LABORATORY	60.00	1,400	LABORATORY	60.00	0	29.00
30.00	HLA LAB	60.01	500	HLA LAB	60.01	0	30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,000	BLOOD STORING, PROCESSING & TRANS.	63.00	0	31.00
32.00	RESPIRATORY THERAPY	65.00	700	RESPIRATORY THERAPY	65.00	0	32.00
33.00	PHYSICAL THERAPY	66.00	3,000	PHYSICAL THERAPY	66.00	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	2,000	OCCUPATIONAL THERAPY	67.00	0	34.00
35.00	RENAL DIALYSIS	74.00	500	RENAL DIALYSIS	74.00	0	35.00
36.00	CLINIC	90.00	100	CLINIC	90.00	0	36.00
37.00	OUTPATIENT PSYCH	90.01	800	OUTPATIENT PSYCH	90.01	0	37.00
38.00	EMERGENCY	91.00	1,400	EMERGENCY	91.00	0	38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	300	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	39.00
40.00	RETAIL PHARMACY	194.01	1,000	RETAIL PHARMACY	194.01	0	40.00
	TOTALS		113,945	TOTALS		0	
	Y - RECLASS CORNEAL TISSUE ACQUISITION C						
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	OPERATING ROOM	50.00	0	1.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		5,380,986	Grand Total: Decreases		5,267,041	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	20,677,877	0	0	0	0	1.00
2.00	Land Improvements	8,137,505	5,857,460	0	5,857,460	0	2.00
3.00	Buildings and Fixtures	362,588,345	109,781,122	0	109,781,122	0	3.00
4.00	Building Improvements	16,432,916	0	0	0	0	4.00
5.00	Fixed Equipment	559,771,660	2,061,302	0	2,061,302	0	5.00
6.00	Movable Equipment	516,975,504	29,477,410	0	29,477,410	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,484,583,807	147,177,294	0	147,177,294	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,484,583,807	147,177,294	0	147,177,294	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	20,677,877	0	1.00
2.00	Land Improvements	13,994,965	2,690,755	2.00
3.00	Buildings and Fixtures	472,369,467	96,500,917	3.00
4.00	Building Improvements	16,432,916	2,411,584	4.00
5.00	Fixed Equipment	561,832,962	227,101,760	5.00
6.00	Movable Equipment	546,452,914	305,194,506	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,631,761,101	633,899,522	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,631,761,101	633,899,522	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part II Date/Time Prepared: 5/28/2013 3:23 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	19,222,707	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	13,725,619	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	2,453,242	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,211,819	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	18,656,102	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	55,269,489	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	19,222,707	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	13,725,619	1.03
1.04	NEW CRC-B&F(GSON)	0	2,453,242	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,211,819	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	18,656,102	2.00
3.00	Total (sum of lines 1-2)	0	55,269,489	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part III Date/Time Prepared: 5/28/2013 3:23 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	729,895,389	0	729,895,389	0.453047	657,984	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	304,331,171	0	304,331,171	0.188898	274,346	1.03
1.04	NEW CRC-B&F(GSON)	35,818,932	0	35,818,932	0.022233	32,290	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	541,037,732	0	541,037,732	0.335822	487,731	2.00
3.00	Total (sum of lines 1-2)	1,611,083,224	0	1,611,083,224	1.000000	1,452,351	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	657,984	18,364,095	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	274,346	12,638,200	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	32,290	1,717,990	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,211,819	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	487,731	40,046,708	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,452,351	73,978,812	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	657,984	0	0	19,022,079	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	274,346	0	0	12,912,546	1.03
1.04	NEW CRC-B&F(GSON)	0	32,290	0	0	1,750,280	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,211,819	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	487,731	0	0	40,534,439	2.00
3.00	Total (sum of lines 1-2)	0	1,452,351	0	0	75,431,163	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)		0	NEW CRC-B&F(GSON)	1.04	0	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-14,552,296	INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-1,215,312	EMPLOYEE BENEFITS	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-26,914,733			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	120,966,606			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-9,130,327	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		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)		0	NEW CRC-B&F(GSON)	1.04	0	26.04
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	26.05

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE	B	-979,167	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	OTHER REVENUE	B	-4,518	OPERATION OF PLANT	7.00	0	33.01
33.02	OTHER REVENUE	B	-30,000	LAUNDRY & LINEN SERVICE	8.00	0	33.02
33.03	OTHER REVENUE	B	-107,996	DIETARY	10.00	0	33.03
33.04	OTHER REVENUE	B	-8,862	NURSING ADMINISTRATION	13.00	0	33.04
33.05	OTHER REVENUE	B	-169,466	PHARMACY	15.00	0	33.05
33.06	OTHER REVENUE	B	-1,239,001	MEDICAL RECORDS & LIBRARY	16.00	0	33.06
33.07	OTHER REVENUE	B	-16,719	EXTENDED CARE SERVICES	18.00	0	33.07
33.08	OTHER REVENUE	B	-2,919,469	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.08
33.09	OTHER REVENUE	B	3,788	PARAMED ED PRGM-PASTORAL ED	23.02	0	33.09
33.10	OTHER REVENUE	B	-1,044,763	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	OTHER REVENUE	B	-36,512	INTENSIVE CARE UNIT	31.00	0	33.11
33.12	OTHER REVENUE	B	-572	SURGICAL INTENSIVE CARE UNIT	34.00	0	33.12
33.13	OTHER REVENUE	B	-103,065	OPERATING ROOM	50.00	0	33.13
33.14	OTHER REVENUE	B	-12,425	DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	OTHER REVENUE	B	-595,752	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	OTHER REVENUE	B	-136,071	ULTRASOUND	54.01	0	33.16
33.17	OTHER REVENUE	B	-229,374	RADIOLOGY-THERAPEUTIC	55.00	0	33.17
33.18	OTHER REVENUE	B	-176,461	RADIOISOTOPE	56.00	0	33.18
33.19	OTHER REVENUE	B	-354,688	CT SCAN	57.00	0	33.19
33.20	OTHER REVENUE	B	-206,150	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.20
33.21	OTHER REVENUE	B	-500	RESPIRATORY THERAPY	65.00	0	33.21
33.22	OTHER REVENUE	B	-200	PHYSICAL THERAPY	66.00	0	33.22
33.23	OTHER REVENUE	B	-400	SPEECH PATHOLOGY	68.00	0	33.23
33.24	OTHER REVENUE	B	-12,586	ELECTROCARDIOLOGY	69.00	0	33.24
33.25	OTHER REVENUE	B	-75,154	OB/GYN IN VITRO	76.01	0	33.25
33.26	OTHER REVENUE	B	-128,500	CLINIC	90.00	0	33.26
33.27	OTHER REVENUE	B	-41,125	EMERGENCY	91.00	0	33.27
33.28	OTHER REVENUE	B	114	KIDNEY ACQUISITION	105.00	0	33.28
33.29	OTHER REVENUE	B	-20	LIVER ACQUISITION	107.00	0	33.29
33.30	OTHER REVENUE	B	-80,467	OTHER ORGAN ACQ - BONE MARROW	112.00	0	33.30
33.31	OTHER REVENUE	B	268	RESEARCH CTSA I/P	191.01	0	33.31
33.32	OTHER REVENUE	B	-18,408,618	NURSING SCHOOL	20.00	0	33.32
33.33	OTHER REVENUE	B	-581,660	CAFETERIA	11.00	0	33.33
35.00	FINANCE ACCRUALS - NON-ALLOWBLE EXP	A	-28,064,788	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00	ALLOWABLE FRA COSTS	A	84,165,903	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
38.00	MEDICARE/BOOK DEPR ADJ (NORTH)	A	321,660	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	38.00
38.01	MEDICARE/BOOK DEPR ADJ (NORTH)	A	108	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	38.01
39.00	REMOVE ESTIMATED DEPRECIATION	A	-14,081,079	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	39.00
39.01	REMOVE ESTIMATED DEPRECIATION	A	1,630	EMPLOYEE BENEFITS	4.00	0	39.01
39.02	REMOVE ESTIMATED DEPRECIATION	A	292	OPERATION OF PLANT	7.00	0	39.02
39.03	REMOVE ESTIMATED DEPRECIATION	A	17,392	HOUSEKEEPING	9.00	0	39.03
39.04	REMOVE ESTIMATED DEPRECIATION	A	-542,140	CLINIC	90.00	0	39.04
39.05	REMOVE ESTIMATED DEPRECIATION	A	-81,009	OUTPATIENT PSYCH	90.01	0	39.05
39.06	REMOVE ESTIMATED DEPRECIATION	A	-606	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	39.06
40.00	RESEARCH ANCILLARY COSTS	A	-3,558	LABORATORY	60.00	0	40.00
40.01	RESEARCH ANCILLARY COSTS	A	-99	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	40.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
40.02	RESEARCH ANCILLARY COSTS	A	-763	DRUGS CHARGED TO PATIENTS	73.00	0	40.02
41.00	PATIENT PHONES	A	-275,241	ADULTS & PEDIATRICS	30.00	0	41.00
41.01	PATIENT PHONES	A	-19,524	EXTENDED CARE SERVICES	18.00	0	41.01
42.00	BAD DEBTS	A	-3,191	NURSING SCHOOL	20.00	0	42.00
43.00	MALPRACTICE EXP	A	-2,317,169	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	WASH UNIV ASSESSMENTS	A	-499,765	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00	LOBBYING PORTION OF DUES	A	-358,324	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01	NONALLOWABLE INTERN/RESIDENT COSTS	A	-167,061	EMPLOYEE BENEFITS	4.00	0	45.01
45.02	NONALLOWABLE INTERN/RESIDENT COSTS	A	-4,320	NURSING ADMINISTRATION	13.00	0	45.02
45.03	NONALLOWABLE INTERN/RESIDENT COSTS	A	-20	LAB ADMINISTRATION	18.01	0	45.03
45.04	NONALLOWABLE INTERN/RESIDENT COSTS	A	-1,675,136	ADULTS & PEDIATRICS	30.00	0	45.04
45.06	ENTERTAINMENT/PROMOTION EXP	A	-2,359	EMPLOYEE BENEFITS	4.00	0	45.06
45.07	ENTERTAINMENT/PROMOTION EXP	A	-34	NONPATIENT TELEPHONES	5.01	0	45.07
45.08	ENTERTAINMENT/PROMOTION EXP	A	-24,457	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.08
45.09	ENTERTAINMENT/PROMOTION EXP	A	-4,088	OPERATION OF PLANT	7.00	0	45.09
45.10	ENTERTAINMENT/PROMOTION EXP	A	-3,062	NURSING ADMINISTRATION	13.00	0	45.10
45.11	ENTERTAINMENT/PROMOTION EXP	A	-126	CENTRAL SERVICES & SUPPLY	14.00	0	45.11
45.12	ENTERTAINMENT/PROMOTION EXP	A	-2,411	PHARMACY	15.00	0	45.12
45.13	ENTERTAINMENT/PROMOTION EXP	A	-8,653	EXTENDED CARE SERVICES	18.00	0	45.13
45.14	ENTERTAINMENT/PROMOTION EXP	A	-936	NURSING SCHOOL	20.00	0	45.14
45.15	ENTERTAINMENT/PROMOTION EXP	A	323	ADULTS & PEDIATRICS	30.00	0	45.15
45.16	ENTERTAINMENT/PROMOTION EXP	A	-2,142	OPERATING ROOM	50.00	0	45.16
45.17	ENTERTAINMENT/PROMOTION EXP	A	-32	DELIVERY ROOM & LABOR ROOM	52.00	0	45.17
45.18	ENTERTAINMENT/PROMOTION EXP	A	-253	RADIOLOGY-THERAPEUTIC	55.00	0	45.18
45.19	ENTERTAINMENT/PROMOTION EXP	A	-32	RESPIRATORY THERAPY	65.00	0	45.19
45.20	ENTERTAINMENT/PROMOTION EXP	A	-9,600	ELECTROCARDIOLOGY	69.00	0	45.20
45.21	ENTERTAINMENT/PROMOTION EXP	A	-700	RENAL DIALYSIS	74.00	0	45.21
45.22	ENTERTAINMENT/PROMOTION EXP	A	-1,235	CLINIC	90.00	0	45.22
45.31	ECF LAB	A	-98,224	LABORATORY	60.00	0	45.31
45.32	COSTS TO BJC HO	A	-980,003	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.32
45.33	COSTS TO BJC HO	A	-647,847	NEW CRC-B&F(BJH CAMP EXP)	1.03	9	45.33
45.34	COSTS TO BJC HO	A	-2,496,328	OPERATION OF PLANT	7.00	0	45.34
45.35	COSTS TO BJC HO	A	-1,480,626	HOUSEKEEPING	9.00	0	45.35
45.37	ADVERTISING EXPENSE	A	-360	EMPLOYEE BENEFITS	4.00	0	45.37
45.38	ADVERTISING EXPENSE	A	-545	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.38
45.39	ADVERTISING EXPENSE	A	-2,654	NURSING ADMINISTRATION	13.00	0	45.39
45.40	ADVERTISING EXPENSE	A	-16,174	EXTENDED CARE SERVICES	18.00	0	45.40
45.41	ADVERTISING EXPENSE	A	-98,664	NURSING SCHOOL	20.00	0	45.41
45.43	ADVERTISING EXPENSE	A	-83,078	RADIOLOGY-DIAGNOSTIC	54.00	0	45.43
45.44	ADVERTISING EXPENSE	A	-7,914	OB/GYN IN VITRO	76.01	0	45.44
45.45	ADVERTISING EXPENSE	A	-41,976	CLINIC	90.00	0	45.45
45.46	ADVERTISING EXPENSE	A	-740	EMERGENCY	91.00	0	45.46
45.47	PHYSICIAN RECRUITMENT	A	-261,453	NURSING ADMINISTRATION	13.00	0	45.47
45.48	PHYSICIAN RECRUITMENT	A	-106	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	45.48
45.49	SPEC EVENTS-NONALLOWABLE	A	-10,380	EMPLOYEE BENEFITS	4.00	0	45.49
45.50	SPEC EVENTS-NONALLOWABLE	A	1,000	PURCHASING, RECEIVING AND STORES	5.03	0	45.50
45.51	SPEC EVENTS-NONALLOWABLE	A	-120,310	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
45.52	SPEC EVENTS-NONALLOWABLE	A	-33,961	NURSING ADMINISTRATION	13.00	0	45.52
45.53	SPEC EVENTS-NONALLOWABLE	A	1,000	CENTRAL SERVICES & SUPPLY	14.00	0	45.53
45.54	SPEC EVENTS-NONALLOWABLE	A	-3,920	MEDICAL RECORDS & LIBRARY	16.00	0	45.54
45.55	SPEC EVENTS-NONALLOWABLE	A	194	SOCIAL SERVICE	17.00	0	45.55
45.56	SPEC EVENTS-NONALLOWABLE	A	-976	EXTENDED CARE SERVICES	18.00	0	45.56
45.57	SPEC EVENTS-NONALLOWABLE	A	-52,721	NURSING SCHOOL	20.00	0	45.57
45.58	SPEC EVENTS-NONALLOWABLE	A	1,000	ADULTS & PEDIATRICS	30.00	0	45.58
45.59	SPEC EVENTS-NONALLOWABLE	A	1,000	INTENSIVE CARE UNIT	31.00	0	45.59
45.60	SPEC EVENTS-NONALLOWABLE	A	2,000	OPERATING ROOM	50.00	0	45.60
45.61	SPEC EVENTS-NONALLOWABLE	A	-3,771	RESPIRATORY THERAPY	65.00	0	45.61

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
46.00	SPEC EVENTS-NONALLOWABLE	A	198	PHYSICAL THERAPY	66.00	0	46.00
46.01	SPEC EVENTS-NONALLOWABLE	A	-30	CLINIC	90.00	0	46.01
46.02	SPEC EVENTS-NONALLOWABLE	A	-16,544	EMERGENCY	91.00	0	46.02
47.01	STL CARDS	A	-8,298	BLOOD STORING, PROCESSING & TRANS.	63.00	0	47.01
47.02	ALLOWABLE PENSION EXP/FUNDING	A	2,267,429	EMPLOYEE BENEFITS	4.00	0	47.02
48.00	PSYCH IC BENEFIT ADJUSTMENT	A	-927,007	OUTPATIENT PSYCH	90.01	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		72,690,453				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8-1 Date/Time Prepared: 5/28/2013 3:23 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	60.00	LABORATORY	AFFILIATE BILLING TO BJC FACILITIES	-1,766,420	-2,424,786	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FACILITIES	-346,565	-522,480	2.00
3.00	63.00	BLOOD STORING, PROCESSING & TRANS.	AFFILIATE BILLING TO BJC FACILITIES	-151,455	-167,444	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB INSTITUT	-358,780	-239,595	4.00
4.01	63.00	BLOOD STORING, PROCESSING & TRANS.	AFFILIATE BILLING TO REHAB INSTITUT	-40,577	-37,269	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	754,565	1,067,127	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GENERAL	TFC	4,462,631	4,431,610	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIXT	GAMMA KNIFE DEPR - B&F	243,568	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUIP	GAMMA KNIFE DEPR - MME	297,395	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	1,788,753	9,813,362	4.06
4.07	4.00	EMPLOYEE BENEFITS	BJC EMPLOYEE BENEFITS	16,460,171	0	4.07
4.08	5.03	PURCHASING, RECEIVING AND STORES	BJC PURCHASING	8,790,183	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GENERAL	BJC OTHER A & G	84,742,071	-1,545,850	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	13,392,224	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	456,975	896,239	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	461,879	390,055	4.12
4.13	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,558,607	651,000	4.13
4.14	5.06	OTHER ADMINISTRATIVE AND GENERAL	TOWER GROVE RAMPS	3,769,350	2,236,000	4.14
5.00	0		0	135,514,575	14,547,969	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: 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		0.00	BJC HEALTHCARE	100.00	6.00
7.00	B		0.00	BJC STAFFING AGENCY	100.00	7.00
8.00	G	JOINT VENTURE	50.00	TFC	50.00	8.00
9.00	G	JOINT VENTURE	50.00	BJ GAMMA KNIFE FACILITY	50.00	9.00
10.00	C		51.00	MIDWEST STONE	51.00	10.00
10.01	G	JOINT VENTURE	50.00	REHAB INSTITUTE	50.00	10.01
100.00	G. Other (financial or non-financial) specify:	JOINT VENTURE				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: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8-1 Date/Time Prepared: 5/28/2013 3:23 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	658,366	0		1.00
2.00	175,915	0		2.00
3.00	15,989	0		3.00
4.00	-119,185	0		4.00
4.01	-3,308	0		4.01
4.02	-312,562	0		4.02
4.03	31,021	0		4.03
4.04	243,568	9		4.04
4.05	297,395	9		4.05
4.06	-8,024,609	0		4.06
4.07	16,460,171	0		4.07
4.08	8,790,183	0		4.08
4.09	86,287,921	0		4.09
4.10	13,392,224	0		4.10
4.11	-439,264	0		4.11
4.12	71,824	0		4.12
4.13	1,907,607	0		4.13
4.14	1,533,350	0		4.14
5.00	120,966,606			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	TEMPORARY STAFFING		7.00
8.00	TELECOMMUNICATIONS		8.00
9.00	NEURO-SURGICAL PROCEDURES		9.00
10.00	LITHOTRIPSY PROCEDURES		10.00
10.01	REHAB SERVICES		10.01
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: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-2 | Date/Time Prepared: 5/28/2013 3:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS	57,346	57,346	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	288,500	288,500	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	1,875,533	1,875,533	0	0	0	3.00
4.00	15.00	PHARMACY	77,256	77,256	0	0	0	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	108,214	0	108,214	177,200	866	5.00
6.00	30.00	ADULTS & PEDIATRICS	12,642,139	12,642,139	0	0	0	6.00
7.00	40.00	SUBPROVIDER - IPF	82	82	0	0	0	7.00
8.00	50.00	OPERATING ROOM	866,500	750,000	116,500	208,000	660	8.00
9.00	53.00	ANESTHESIOLOGY	8,307,776	8,307,776	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	370	370	0	0	0	10.00
11.00	91.00	EMERGENCY	2,830,794	2,830,794	0	0	0	11.00
200.00			27,054,510	26,829,796	224,714		1,526	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	4.00	EMPLOYEE BENEFITS	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	15.00	PHARMACY	0	0	0	0	0	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	73,777	3,689	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	66,000	3,300	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			139,777	6,989	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	4.00	EMPLOYEE BENEFITS	0	0	0	57,346		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	288,500		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	1,875,533		3.00
4.00	15.00	PHARMACY	0	0	0	77,256		4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	0	73,777	34,437	34,437		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	12,642,139		6.00
7.00	40.00	SUBPROVIDER - IPF	0	0	0	82		7.00
8.00	50.00	OPERATING ROOM	0	66,000	50,500	800,500		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	8,307,776		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	370		10.00
11.00	91.00	EMERGENCY	0	0	0	2,830,794		11.00
200.00			0	139,777	84,937	26,914,733		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	19,022,079	19,022,079				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	12,912,546	0	12,912,546			1.03
1.04	00104	NEW CRC-B&F(GSON)	1,750,280	0	0	1,750,280		1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	1,211,819	0	0	0	1,211,819	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	40,534,439					2.00
4.00	00400	EMPLOYEE BENEFITS	33,941,343	169,366	0	0	0	4.00
5.01	00510	NONPATIENT TELEPHONES	1,348,562	95,760	19,230	0	0	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	13,393,733	139,105	6,308	0	0	5.03
5.04	00513	ADMITTING	16,686,872	216,721	0	0	15,830	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	9,920	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	220,337,977	4,948,305	3,423,403	0	347,886	5.06
7.00	00700	OPERATION OF PLANT	45,397,124	2,026,453	2,113,678	0	1,459	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,360,835	18,718	701	0	0	8.00
9.00	00900	HOUSEKEEPING	17,456,774	227,491	81,702	0	297	9.00
10.00	01000	DIETARY	10,992,257	391,339	4,637	0	0	10.00
11.00	01100	CAFETERIA	4,515,281	346,288	3,451	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	37,777,131	204,437	9,975	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,798,706	239,434	53,378	0	0	14.00
15.00	01500	PHARMACY	134,558,803	196,181	21,782	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,736,430	168,250	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,827,540	7,041	15,618	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	1,752,802	122,709	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	9,464,751	21,556	0	0	0	18.01
20.00	02000	NURSING SCHOOL	-2,267,565	0	0	1,750,280	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	109,144,211	64,600	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	214,464	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	340,201	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	132,331,189	4,324,815	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,135,715	146,628	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	4,725,289	82,810	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,241,855	174,601	0	0	0	34.00
35.01	02041	NEURO-ICU	6,155,732	99,580	0	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	7,996,223	0	344,492	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	7,799,129	227,424	0	0	0	40.00
43.00	04300	NURSERY	1,470,217	17,877	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,582,688	136,791	0	0	0	44.00
45.00	04500	NURSING FACILITY	564,422	21,006	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	1,309,484	106,696	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	52,258,472	405,138	1,527,262	0	0	50.00
51.00	05100	RECOVERY ROOM	16,920,969	266,541	309,931	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,043,171	168,117	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,220,860	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,530,258	155,958	529,516	0	31,633	54.00
54.01	05401	ULTRASOUND	2,461,254	84,225	68,636	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	18,800,018	27,922	817,305	0	0	55.00
56.00	05600	RADIOISOTOPE	2,339,294	81,512	0	0	0	56.00
57.00	05700	CT SCAN	4,041,972	0	54,959	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,672,102	109,659	144,569	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,693,954	7,673	405,238	0	0	59.00
60.00	06000	LABORATORY	35,651,601	313,847	122,103	0	15,830	60.00
60.01	06001	HLA LAB	2,989,493	22,854	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,327,506	32,100	135,547	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,856,484	66,165	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,036,157	35,521	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,013,587	9,962	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	811,899	4,977	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,799,041	70,185	49,280	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,089,792	12,093	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	79,801,574	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	89,708,362	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-763	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,211,740	65,491	0	0	0	74.00
76.00	03330	ENDOSCOPY	6,062,502	42,154	243,721	0	0	76.00
76.01	03950	OB/GYN IN VITRO	1,522,074	38,467	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	320,758	19,209	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	460,550	0	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	14,597,917	36,944	261,316	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	116,483	0	0	0	0	90.01
91.00	09100	EMERGENCY	20,481,830	14,956	770,488	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,129,386	49,411	15,672	0	0	105.00
106.00	10600	HEART ACQUISITION	1,827,109	9,937	3,055	0	0	106.00
107.00	10700	LIVER ACQUISITION	4,655,715	17,536	5,482	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,164,441	8,814	2,696	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	679,958	3,379	971	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	5,414,616	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,451,243,394	17,122,729	11,566,102	1,750,280	412,935	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	79,178	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	38,010	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	14,037,703	1,889,113	1,272,686	0	798,884	194.00
194.01	07951	RETAIL PHARMACY	3,870,896	0	73,758	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,022,447	10,237	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	1,474,291,628	19,022,079	12,912,546	1,750,280	1,211,819	202.00

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMITTING	
			2.00	4.00	5.01	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	40,534,439					2.00
4.00	00400	EMPLOYEE BENEFITS	2,546	34,113,255				4.00
5.01	00510	NONPATIENT TELEPHONES	676	110,634	1,574,862			5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	0	64,997	2,768	13,606,911		5.03
5.04	00513	ADMITTING	5,450	728,952	54,225	21,718	17,729,768	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	23	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	15,871,315	1,554,416	143,311	58,027	0	5.06
7.00	00700	OPERATION OF PLANT	410,355	587,989	39,746	72,170	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,740	2,223	158	107,296	0	8.00
9.00	00900	HOUSEKEEPING	123,934	813,130	32,822	52,807	0	9.00
10.00	01000	DIETARY	118,783	384,550	18,184	113,291	0	10.00
11.00	01100	CAFETERIA	69,578	299,099	11,475	276,114	0	11.00
13.00	01300	NURSING ADMINISTRATION	806,984	1,552,944	61,531	13,494	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	171,014	250,623	13,627	470,355	0	14.00
15.00	01500	PHARMACY	54,948	1,235,622	41,720	3,203,250	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	50,604	804,119	47,957	11,769	0	16.00
17.00	01700	SOCIAL SERVICE	148	229,292	10,757	1,188	0	17.00
18.00	01080	EXTENDED CARE SERVICES	76,985	71,634	29,544	2,756	0	18.00
18.01	01851	LAB ADMINISTRATION	8,555	266,159	4,812	2,589	0	18.01
20.00	02000	NURSING SCHOOL	838,084	595,516	28,114	21,279	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21	3,080,481	50,718	1,962	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	12,309	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	500	17,627	658	80	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	402,653	7,264,685	301,448	223,274	1,351,441	30.00
31.00	03100	INTENSIVE CARE UNIT	24,245	466,593	9,395	22,056	108,769	31.00
32.00	03200	CORONARY CARE UNIT	27,152	249,282	3,811	8,268	52,859	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	48,353	459,022	12,541	28,762	96,344	34.00
35.01	02041	NEURO-ICU	17,343	313,954	8,737	15,761	73,279	35.01
35.02	02042	CARDIO-THORACIC ICU	21,730	406,156	13,397	24,124	80,237	35.02
40.00	04000	SUBPROVIDER - IPF	20,065	351,427	12,522	4,992	56,439	40.00
43.00	04300	NURSERY	6,893	68,531	1,103	7,717	16,096	43.00
44.00	04400	SKILLED NURSING FACILITY	34,238	216,382	2,145	17,040	48,771	44.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMITTING	
			2.00	4.00	5.01	5.03	5.04	
45.00	04500	NURSING FACILITY	1,825	30,407	185	1,221	3,190	45.00
46.00	04600	OTHER LONG TERM CARE	4,259	45,224	431	2,849	8,319	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,818,795	2,257,687	111,588	392,923	1,399,295	50.00
51.00	05100	RECOVERY ROOM	58,148	700,399	28,316	58,657	320,950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,033	343,622	7,756	18,807	49,831	52.00
53.00	05300	ANESTHESIOLOGY	935,396	145,323	45,848	154,539	481,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,366,062	1,027,154	47,751	158,430	923,202	54.00
54.01	05401	ULTRASOUND	690,223	81,405	3,878	2,924	153,716	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,944,195	511,748	32,408	44,999	698,002	55.00
56.00	05600	RADIOISOTOPE	310,549	106,210	6,353	26,203	75,939	56.00
57.00	05700	CT SCAN	901,062	193,518	8,601	37,464	884,424	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,687,583	232,093	9,151	55,225	613,669	58.00
59.00	05900	CARDIAC CATHETERIZATION	637,925	304,244	18,825	43,604	269,870	59.00
60.00	06000	LABORATORY	692,054	991,236	40,859	412,725	2,450,598	60.00
60.01	06001	HLA LAB	50,450	58,055	2,037	80,863	169,345	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	140,712	366,339	14,185	866,745	807,031	63.00
65.00	06500	RESPIRATORY THERAPY	617,107	572,029	13,798	102,707	275,550	65.00
66.00	06600	PHYSICAL THERAPY	15,965	308,880	8,613	3,761	104,836	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	114,882	699	122	35,245	67.00
68.00	06800	SPEECH PATHOLOGY	25,607	44,430	277	292	10,994	68.00
69.00	06900	ELECTROCARDIOLOGY	351,081	216,169	9,365	53,878	463,604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	82,973	38,210	1,269	1,035	46,175	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,331,666	1,236,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,144,034	1,150,001	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,788,426	73.00
74.00	07400	RENAL DIALYSIS	77,738	132,553	4,684	26,230	91,741	74.00
76.00	03330	ENDOSCOPY	187,047	267,456	11,341	40,531	183,679	76.00
76.01	03950	OB/GYN IN VITRO	286,399	35,193	191	8,201	14,601	76.01
76.02	03320	ELECTROSHOCK THERAPY	7,398	15,667	1,433	1,087	7,159	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	16,144	5,446	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	19,634	662,089	73,143	44,696	178,029	90.00
90.01	04950	OUTPATIENT PSYCH	0	40,316	6,015	16,104	11,700	90.01
91.00	09100	EMERGENCY	175,465	930,351	52,138	102,986	686,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	78,000	2,733	867	65,915	105.00
106.00	10600	HEART ACQUISITION	0	17,414	1,413	217	9,862	106.00
107.00	10700	LIVER ACQUISITION	0	43,189	1,564	287	29,822	107.00
108.00	10800	LUNG ACQUISITION	2,171	32,464	2,775	457	25,066	108.00
109.00	10900	PANCREAS ACQUISITION	0	190	0	6	4,525	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	40,498	167	476	22,563	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,387,748	33,442,992	1,527,016	13,036,124	17,641,221	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	4,526	0	0	1,466	2,576	191.01
191.02	19102	RESEARCH CTSA O/P	5,699	0	0	83	7	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	82,137	407,407	23,139	28,036	0	194.00
194.01	07951	RETAIL PHARMACY	54,195	198,210	18,596	540,230	85,964	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	134	64,646	6,111	972	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,534,439	34,113,255	1,574,862	13,606,911	17,729,768	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	9,943					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	246,684,640	246,684,640			5.06
7.00	00700	OPERATION OF PLANT	0	50,648,974	10,177,810	60,826,784		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,492,671	701,845	231,409	4,425,925	8.00
9.00	00900	HOUSEKEEPING	0	18,788,957	3,775,603	982,259	137,310	9.00
10.00	01000	DIETARY	0	12,023,041	2,416,006	1,686,051	6,613	10.00
11.00	01100	CAFETERIA	0	5,521,286	1,109,491	1,277,288	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	40,426,496	8,123,624	767,565	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,997,137	2,008,905	969,853	7,524	14.00
15.00	01500	PHARMACY	0	139,312,306	27,994,529	782,690	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,819,129	5,389,250	617,743	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,091,584	1,023,144	52,405	0	17.00
18.00	01080	EXTENDED CARE SERVICES	0	2,056,430	413,235	450,534	0	18.00
18.01	01851	LAB ADMINISTRATION	0	9,768,422	1,962,945	79,143	0	18.01
20.00	02000	NURSING SCHOOL	0	965,708	194,057	2,848,383	892	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	112,341,993	22,574,899	253,227	49,898	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	226,773	45,570	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	359,066	72,154	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	904	146,200,409	29,378,148	15,878,863	2,487,296	30.00
31.00	03100	INTENSIVE CARE UNIT	73	9,913,474	1,992,093	538,356	87,425	31.00
32.00	03200	CORONARY CARE UNIT	35	5,149,506	1,034,783	304,043	45,864	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	64	10,061,542	2,021,847	667,398	102,707	34.00
35.01	02041	NEURO-ICU	49	6,684,435	1,343,224	365,616	61,472	35.01
35.02	02042	CARDIO-THORACIC ICU	54	8,886,413	1,785,707	585,719	83,243	35.02
40.00	04000	SUBPROVIDER - IPF	38	8,472,036	1,702,439	835,004	54,091	40.00
43.00	04300	NURSERY	11	1,588,445	319,195	65,637	29,241	43.00
44.00	04400	SKILLED NURSING FACILITY	33	6,038,088	1,213,342	502,237	88,285	44.00
45.00	04500	NURSING FACILITY	2	622,258	125,042	77,126	13,178	45.00
46.00	04600	OTHER LONG TERM CARE	6	1,477,268	296,854	391,742	30,310	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	936	64,172,096	12,895,254	4,084,205	97,283	50.00
51.00	05100	RECOVERY ROOM	215	18,664,126	3,750,519	1,505,581	67,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33	7,715,370	1,550,388	617,254	30,816	52.00
53.00	05300	ANESTHESIOLOGY	322	7,984,086	1,604,386	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	618	33,770,582	6,786,131	2,012,340	124,726	54.00
54.01	05401	ULTRASOUND	103	3,546,364	712,635	503,459	4,359	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	467	23,877,064	4,798,048	1,492,135	14,648	55.00
56.00	05600	RADIOISOTOPE	51	2,946,111	592,015	299,277	20,542	56.00
57.00	05700	CT SCAN	592	6,122,592	1,230,323	262,119	27,272	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	410	8,524,461	1,712,973	874,484	138,960	58.00
59.00	05900	CARDIAC CATHETERIZATION	181	9,381,514	1,885,196	717,176	28,025	59.00
60.00	06000	LABORATORY	-280	40,690,573	8,176,689	1,535,832	0	60.00
60.01	06001	HLA LAB	113	3,373,210	677,840	83,910	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	540	34,690,705	6,971,028	348,321	14,763	63.00
65.00	06500	RESPIRATORY THERAPY	184	15,504,024	3,115,503	242,929	0	65.00
66.00	06600	PHYSICAL THERAPY	70	6,513,803	1,308,936	130,418	2,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	24	2,174,521	436,966	36,577	0	67.00
68.00	06800	SPEECH PATHOLOGY	7	898,483	180,548	18,273	0	68.00
69.00	06900	ELECTROCARDIOLOGY	310	7,012,913	1,409,231	341,476	12,363	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31	1,271,578	255,521	44,400	597	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	827	83,370,217	16,753,078	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	769	94,003,166	18,889,748	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,196	1,788,859	359,468	0	0	73.00
74.00	07400	RENAL DIALYSIS	61	3,610,238	725,470	240,454	5,254	74.00
76.00	03330	ENDOSCOPY	123	7,038,554	1,414,383	569,157	18,285	76.00
76.01	03950	OB/GYN IN VITRO	10	1,905,136	382,833	141,235	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	5	372,716	74,897	70,526	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	4	482,144	96,886	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	119	15,873,887	3,189,826	945,254	31,407	90.00
90.01	04950	OUTPATIENT PSYCH	8	190,626	38,306	0	0	90.01
91.00	09100	EMERGENCY	459	23,215,391	4,665,086	1,411,067	448,233	91.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	44	8,342,028	1,676,314	208,064	0	105.00
106.00	10600	HEART ACQUISITION	7	1,869,014	375,575	41,680	0	106.00
107.00	10700	LIVER ACQUISITION	20	4,753,615	955,229	73,734	0	107.00
108.00	10800	LUNG ACQUISITION	17	4,238,901	851,799	36,944	0	108.00
109.00	10900	PANCREAS ACQUISITION	3	689,032	138,460	14,056	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	15	5,478,335	1,100,860	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,883	1,445,674,522	240,934,089	50,112,628	4,372,992	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	2	87,748	17,633	119,723	7,265	191.01
191.02	19102	RESEARCH CTSA O/P	0	43,799	8,801	108,356	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	18,539,105	3,725,396	10,323,086	45,668	194.00
194.01	07951	RETAIL PHARMACY	58	4,841,907	972,972	125,406	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,104,547	1,025,749	37,585	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,943	1,474,291,628	246,684,640	60,826,784	4,425,925	202.00

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	23,684,129					9.00
10.00	01000	DIETARY	701,831	16,833,542				10.00
11.00	01100	CAFETERIA	531,681	0	8,439,746			11.00
13.00	01300	NURSING ADMINISTRATION	319,504	0	344,850	49,982,039		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	403,708	0	117,370	0	13,504,497	14.00
15.00	01500	PHARMACY	325,801	0	273,460	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	257,140	0	258,940	0	0	16.00
17.00	01700	SOCIAL SERVICE	21,814	0	64,130	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	187,538	2,254,693	25,410	0	0	18.00
18.01	01851	LAB ADMINISTRATION	32,944	0	60,500	0	0	18.01
20.00	02000	NURSING SCHOOL	1,185,660	0	135,520	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	105,408	0	974,050	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	4,840	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	6,050	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,609,693	12,606,994	2,139,276	24,314,139	0	30.00
31.00	03100	INTENSIVE CARE UNIT	224,094	190,094	128,260	1,459,663	0	31.00
32.00	03200	CORONARY CARE UNIT	126,560	99,877	67,760	771,963	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	277,809	69,431	129,470	1,470,724	0	34.00
35.01	02041	NEURO-ICU	152,190	382,490	83,490	944,190	0	35.01
35.02	02042	CARDIO-THORACIC ICU	243,810	118,788	101,640	1,160,810	0	35.02
40.00	04000	SUBPROVIDER - IPF	347,577	800,827	106,480	1,209,795	0	40.00
43.00	04300	NURSERY	27,322	0	18,150	208,831	0	43.00
44.00	04400	SKILLED NURSING FACILITY	209,060	0	83,490	1,143,636	0	44.00
45.00	04500	NURSING FACILITY	32,104	0	9,680	146,254	0	45.00
46.00	04600	OTHER LONG TERM CARE	163,066	0	24,200	335,662	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,700,080	0	539,660	6,141,046	0	50.00
51.00	05100	RECOVERY ROOM	626,709	19,380	171,820	1,952,191	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	256,937	0	102,850	1,179,588	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	61,710	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	837,651	0	298,870	0	0	54.00
54.01	05401	ULTRASOUND	209,569	0	20,570	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	621,112	0	127,050	0	0	55.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
56.00	05600	RADIOISOTOPE	124,576	0	24,200	0	0	56.00
57.00	05700	CT SCAN	109,109	0	55,660	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	364,010	0	64,130	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	298,530	0	75,020	854,459	0	59.00
60.00	06000	LABORATORY	639,301	0	337,590	0	0	60.00
60.01	06001	HLA LAB	34,928	0	16,940	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	144,991	0	102,850	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	101,121	0	153,670	0	0	65.00
66.00	06600	PHYSICAL THERAPY	54,287	0	93,170	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,225	0	31,460	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,606	0	10,890	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	142,142	0	61,710	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,482	0	13,310	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,357,640	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,146,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	100,091	0	31,460	0	0	74.00
76.00	03330	ENDOSCOPY	236,916	0	68,970	784,917	0	76.00
76.01	03950	OB/GYN IN VITRO	58,790	0	9,680	109,636	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	29,357	0	4,840	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	393,469	0	180,290	2,038,696	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	15,730	0	0	90.01
91.00	09100	EMERGENCY	587,367	0	281,930	3,212,322	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	86,608	0	21,780	247,791	0	105.00
106.00	10600	HEART ACQUISITION	17,350	0	4,840	53,693	0	106.00
107.00	10700	LIVER ACQUISITION	30,692	0	12,100	133,690	0	107.00
108.00	10800	LUNG ACQUISITION	15,378	0	9,680	107,736	0	108.00
109.00	10900	PANCREAS ACQUISITION	5,851	0	0	607	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	9,680	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,354,549	16,542,574	8,171,126	49,982,039	13,504,497	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	49,836	17,872	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	45,104	17,872	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	3,166,794	0	203,280	0	0	194.00
194.01	07951	RETAIL PHARMACY	52,201	0	47,190	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	15,645	0	18,150	0	0	194.02
194.03	07953	GUEST MEALS	0	255,224	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	23,684,129	16,833,542	8,439,746	49,982,039	13,504,497	202.00

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES	OTHER GENERAL SERVICE: LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	168,688,786					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,342,202				16.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES	OTHER GENERAL SERVICE: LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
17.00	01700	SOCIAL SERVICE	4,069	0	6,257,146			17.00
18.00	01080	EXTENDED CARE SERVICES	0	0	0	5,387,840		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	11,903,954	18.01
20.00	02000	NURSING SCHOOL	144	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,902	2,541,674	5,371,129	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,125	204,563	200,944	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	99,413	96,776	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	355	181,195	174,391	0	0	34.00
35.01	02041	NEURO-ICU	635	137,817	130,618	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	103	150,902	145,856	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	62	106,146	0	0	0	40.00
43.00	04300	NURSERY	0	30,272	137,432	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,449	91,724	0	3,630,363	0	44.00
45.00	04500	NURSING FACILITY	0	5,999	0	558,861	0	45.00
46.00	04600	OTHER LONG TERM CARE	3,268	15,646	0	1,198,616	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,182	2,631,673	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3,088	603,615	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,188	93,718	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,800,117	906,123	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	435,754	1,736,278	0	0	0	54.00
54.01	05401	ULTRASOUND	3,894	289,096	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	801,007	1,312,741	0	0	0	55.00
56.00	05600	RADIOISOTOPE	741,446	142,820	0	0	0	56.00
57.00	05700	CT SCAN	22,510	1,663,348	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	42,702	1,154,135	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	507,549	0	0	0	59.00
60.00	06000	LABORATORY	1,732	4,606,469	0	0	8,793,155	60.00
60.01	06001	HLA LAB	0	318,490	0	0	451,105	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	86,909	1,517,793	0	0	2,659,694	63.00
65.00	06500	RESPIRATORY THERAPY	3,170	518,230	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	197,166	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	66,285	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	20,676	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	442,057	871,907	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	86,841	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,324,844	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,162,822	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	140,001,176	3,363,517	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	39,251	172,539	0	0	0	74.00
76.00	03330	ENDOSCOPY	227	345,447	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	15,671	27,461	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	20	13,464	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	10,243	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	409,677	334,821	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	623,182	22,004	0	0	0	90.01
91.00	09100	EMERGENCY	34,662	1,291,519	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	123,967	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	18,547	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	56,087	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	47,143	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	8,509	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	42,435	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	145,564,734	33,175,673	6,257,146	5,387,840	11,903,954	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	4,355	4,844	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	12	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	23,119,697	161,673	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES	OTHER GENERAL SERVICE: LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	168,688,786	33,342,202	6,257,146	5,387,840	11,903,954	202.00

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	PARAMED ED PRGM-PASTORAL ED	
			20.00	21.00	23.01	23A.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00	01080	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
20.00	02000	NURSING SCHOOL	5,330,364					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	136,299,475				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	277,183			23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	437,270	437,270	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,861,072	59,174,417	0	311,582,012	92,077	30.00
31.00	03100	INTENSIVE CARE UNIT	108,102	9,316,069	0	24,364,262	7,236	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	7,796,545	2,316	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,621,964	0	16,778,833	4,983	34.00
35.01	02041	NEURO-ICU	0	742,832	0	11,029,009	3,276	35.01
35.02	02042	CARDIO-THORACIC ICU	0	74,965	0	13,337,956	3,961	35.02
40.00	04000	SUBPROVIDER - IPF	221,306	2,235,311	0	16,091,074	4,779	40.00
43.00	04300	NURSERY	0	40,890	0	2,465,415	732	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	13,008,674	3,864	44.00
45.00	04500	NURSING FACILITY	0	0	0	1,590,502	472	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	3,936,632	1,169	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,167,308	0	113,444,787	33,693	50.00
51.00	05100	RECOVERY ROOM	0	0	0	27,364,178	8,127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	139,884	1,465,219	0	13,155,212	3,907	52.00
53.00	05300	ANESTHESIOLOGY	0	8,075,744	0	20,432,166	6,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,104,026	0	47,106,358	13,991	54.00
54.01	05401	ULTRASOUND	0	81,780	0	5,371,726	1,595	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	33,043,805	9,814	55.00
56.00	05600	RADIOISOTOPE	0	184,004	0	5,074,991	1,507	56.00
57.00	05700	CT SCAN	0	177,189	0	9,670,122	2,872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,875,855	3,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	504,308	0	14,251,777	4,233	59.00
60.00	06000	LABORATORY	0	6,828,604	0	71,609,945	21,268	60.00
60.01	06001	HLA LAB	0	0	0	4,956,423	1,472	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	470,233	0	47,007,287	13,961	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,638,647	5,833	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,300,741	2,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,761,034	820	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,136,476	338	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,293,799	3,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	272,599	0	1,963,328	583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	108,805,779	32,315	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	122,202,593	36,294	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	PARAMED ED PRGM-PASTORAL ED	
			20.00	21.00	23.01	23A.01	23.02	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	277,183	145,790,203	43,300	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,924,757	1,463	74.00
76.00	03330	ENDOSCOPY	0	0	0	10,476,856	3,112	76.00
76.01	03950	OB/GYN IN VITRO	0	381,639	0	3,032,081	901	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	565,820	168	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	589,273	175	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,340,116	0	34,737,443	10,317	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	889,848	264	90.01
91.00	09100	EMERGENCY	0	11,033,443	0	46,181,020	13,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	10,706,552	3,180	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,380,699	707	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	6,015,147	1,786	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	5,307,581	1,576	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	856,515	254	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	6,631,310	1,969	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,330,364	136,292,660	277,183	1,401,970,318	415,790	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	6,815	0	316,091	94	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	223,944	67	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	36,003,329	10,693	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	29,321,046	8,708	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	6,201,676	1,842	194.02
194.03	07953	GUEST MEALS	0	0	0	255,224	76	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,330,364	136,299,475	277,183	1,474,291,628	437,270	202.00

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
18.00	01080	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
23.01	02301	PARAMED ED PRGM-PHARMACY					23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	311,674,089	-59,174,417	252,499,672		30.00
31.00	03100	INTENSIVE CARE UNIT	24,371,498	-9,316,069	15,055,429		31.00
32.00	03200	CORONARY CARE UNIT	7,798,861	0	7,798,861		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,783,816	-1,621,964	15,161,852		34.00
35.01	02041	NEURO-ICU	11,032,285	-742,832	10,289,453		35.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
35.02	02042	CARDIO-THORACIC ICU	13,341,917	-74,965	13,266,952		35.02
40.00	04000	SUBPROVIDER - IPF	16,095,853	-2,235,311	13,860,542		40.00
43.00	04300	NURSERY	2,466,147	-40,890	2,425,257		43.00
44.00	04400	SKILLED NURSING FACILITY	13,012,538	0	13,012,538		44.00
45.00	04500	NURSING FACILITY	1,590,974	0	1,590,974		45.00
46.00	04600	OTHER LONG TERM CARE	3,937,801	0	3,937,801		46.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	113,478,480	-21,167,308	92,311,172		50.00
51.00	05100	RECOVERY ROOM	27,372,305	0	27,372,305		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,159,119	-1,465,219	11,693,900		52.00
53.00	05300	ANESTHESIOLOGY	20,438,234	-8,075,744	12,362,490		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,120,349	-1,104,026	46,016,323		54.00
54.01	05401	ULTRASOUND	5,373,321	-81,780	5,291,541		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	33,053,619	0	33,053,619		55.00
56.00	05600	RADIOISOTOPE	5,076,498	-184,004	4,892,494		56.00
57.00	05700	CT SCAN	9,672,994	-177,189	9,495,805		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,879,679	0	12,879,679		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,256,010	-504,308	13,751,702		59.00
60.00	06000	LABORATORY	71,631,213	-6,828,604	64,802,609		60.00
60.01	06001	HLA LAB	4,957,895	0	4,957,895		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,021,248	-470,233	46,551,015		63.00
65.00	06500	RESPIRATORY THERAPY	19,644,480	0	19,644,480		65.00
66.00	06600	PHYSICAL THERAPY	8,303,206	0	8,303,206		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,761,854	0	2,761,854		67.00
68.00	06800	SPEECH PATHOLOGY	1,136,814	0	1,136,814		68.00
69.00	06900	ELECTROCARDIOLOGY	10,296,856	0	10,296,856		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,963,911	-272,599	1,691,312		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,838,094	0	108,838,094		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	122,238,887	0	122,238,887		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,833,503	0	145,833,503		73.00
74.00	07400	RENAL DIALYSIS	4,926,220	0	4,926,220		74.00
76.00	03330	ENDOSCOPY	10,479,968	0	10,479,968		76.00
76.01	03950	OB/GYN IN VITRO	3,032,982	-381,639	2,651,343		76.01
76.02	03320	ELECTROSHOCK THERAPY	565,988	0	565,988		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	589,448	0	589,448		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	34,747,760	-11,340,116	23,407,644		90.00
90.01	04950	OUTPATIENT PSYCH	890,112	0	890,112		90.01
91.00	09100	EMERGENCY	46,194,736	-11,033,443	35,161,293		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	10,709,732	0	10,709,732		105.00
106.00	10600	HEART ACQUISITION	2,381,406	0	2,381,406		106.00
107.00	10700	LIVER ACQUISITION	6,016,933	0	6,016,933		107.00
108.00	10800	LUNG ACQUISITION	5,309,157	0	5,309,157		108.00
109.00	10900	PANCREAS ACQUISITION	856,769	0	856,769		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	6,633,279	0	6,633,279		112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,401,948,838	-136,292,660	1,265,656,178		118.00
		NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	0	0		191.00
191.01	19101	RESEARCH CTSA I/P	316,185	-6,815	309,370		191.01
191.02	19102	RESEARCH CTSA O/P	224,011	0	224,011		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	36,014,022	0	36,014,022		194.00
194.01	07951	RETAIL PHARMACY	29,329,754	0	29,329,754		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	6,203,518	0	6,203,518		194.02
194.03	07953	GUEST MEALS	255,300	0	255,300		194.03
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)	1,474,291,628	-136,299,475	1,337,992,153		202.00

COST ALLOCATION STATISTICS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet Non-CMS W | Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	100	BJH SQ FT	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	103	NEW STRUCT SQ FT	1.03
1.04	NEW CRC-B&F(GSON)	104	GSON SQ FT	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	105	THE HIGHLANDS SQ FT	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	200	ACTUAL DEPR	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	501	RENT EXP	5.01
5.03	PURCHASING, RECEIVING AND STORES	503	$$ AMT PURCHASES	5.03
5.04	ADMITTING	504	TOTAL REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	504	TOTAL REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM COST	5.06
7.00	OPERATION OF PLANT	700	BJH TOTAL SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	800	LAUNDRY POUNDS	8.00
9.00	HOUSEKEEPING	900	BJH TOTAL SQ FT	9.00
10.00	DIETARY	1000	MEALS SERVED	10.00
11.00	CAFETERIA	1100	FTE HOURS	11.00
13.00	NURSING ADMINISTRATION	1300	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	1400	SUPPLY REQUIS.	14.00
15.00	PHARMACY	1500	PHARMACY REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	504	TOTAL REVENUE	16.00
17.00	SOCIAL SERVICE	1700	PATIENT DAYS	17.00
18.00	EXTENDED CARE SERVICES	1800	ECF PT DAYS	18.00
18.01	LAB ADMINISTRATION	1801	LAB HOURS	18.01
20.00	NURSING SCHOOL	2000	STUDENT HOURS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2100	% OF TIME	21.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	63,936	169,366	0	0	0	4.00
5.01	00510	NONPATIENT TELEPHONES	9,392	95,760	19,230	0	0	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	2,394	139,105	6,308	0	0	5.03
5.04	00513	ADMITTING	102,129	216,721	0	0	15,830	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	8,703,145	4,948,305	3,423,403	0	347,886	5.06
7.00	00700	OPERATION OF PLANT	40,197	2,026,453	2,113,678	0	1,459	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,327	18,718	701	0	0	8.00
9.00	00900	HOUSEKEEPING	39,663	227,491	81,702	0	297	9.00
10.00	01000	DIETARY	19,534	391,339	4,637	0	0	10.00
11.00	01100	CAFETERIA	17,287	346,288	3,451	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	280,012	204,437	9,975	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,409,742	239,434	53,378	0	0	14.00
15.00	01500	PHARMACY	1,943,283	196,181	21,782	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	367,202	168,250	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,050	7,041	15,618	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	75,811	122,709	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	5,678	21,556	0	0	0	18.01
20.00	02000	NURSING SCHOOL	713,844	0	0	1,750,280	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	37,462	64,600	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	782	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	280,622	4,324,815	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,285	146,628	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	2,276	82,810	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,972	174,601	0	0	0	34.00
35.01	02041	NEURO-ICU	7,230	99,580	0	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	9,025	0	344,492	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	23,014	227,424	0	0	0	40.00
43.00	04300	NURSERY	658	17,877	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	276,523	136,791	0	0	0	44.00
45.00	04500	NURSING FACILITY	4,402	21,006	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	10,270	106,696	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	322,683	405,138	1,527,262	0	0	50.00
51.00	05100	RECOVERY ROOM	164,861	266,541	309,931	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,045	168,117	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,573	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,327,081	155,958	529,516	0	31,633	54.00
54.01	05401	ULTRASOUND	11,226	84,225	68,636	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-37,855	27,922	817,305	0	0	55.00
56.00	05600	RADIOISOTOPE	277,616	81,512	0	0	0	56.00
57.00	05700	CT SCAN	26,440	0	54,959	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,518	109,659	144,569	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,122	7,673	405,238	0	0	59.00
60.00	06000	LABORATORY	119,397	313,847	122,103	0	15,830	60.00
60.01	06001	HLA LAB	4,075	22,854	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	103,660	32,100	135,547	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	83,853	66,165	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,561	35,521	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	417	9,962	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	166	4,977	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,874	70,185	49,280	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	757	12,093	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,222	65,491	0	0	0	74.00
76.00	03330	ENDOSCOPY	12,227	42,154	243,721	0	0	76.00
76.01	03950	OB/GYN IN VITRO	6,432	38,467	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	855	19,209	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	74,455	36,944	261,316	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	105,937	0	0	0	0	90.01
91.00	09100	EMERGENCY	73,312	14,956	770,488	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,115	49,411	15,672	0	0	105.00
106.00	10600	HEART ACQUISITION	9,036	9,937	3,055	0	0	106.00
107.00	10700	LIVER ACQUISITION	4,254	17,536	5,482	0	0	107.00
108.00	10800	LUNG ACQUISITION	7,073	8,814	2,696	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	582	3,379	971	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	100	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,317,817	17,122,729	11,566,102	1,750,280	412,935	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	30,852	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	27,922	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	177,864	1,889,113	1,272,686	0	798,884	194.00
194.01	07951	RETAIL PHARMACY	25,902	0	73,758	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	19,148	10,237	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
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)	25,599,505	19,022,079	12,912,546	1,750,280	1,211,819	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
			2.00	2A	4.00	5.01	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	2,546	235,848	235,848			4.00
5.01	00510	NONPATIENT TELEPHONES	676	125,058	765	125,823		5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	0	147,807	450	221	148,478	5.03
5.04	00513	ADMITTING	5,450	340,130	5,041	4,332	237	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	15,871,315	33,294,054	10,750	11,450	634	5.06
7.00	00700	OPERATION OF PLANT	410,355	4,592,142	4,066	3,175	789	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,740	25,486	15	13	1,172	8.00
9.00	00900	HOUSEKEEPING	123,934	473,087	5,624	2,622	577	9.00
10.00	01000	DIETARY	118,783	534,293	2,660	1,453	1,238	10.00
11.00	01100	CAFETERIA	69,578	436,604	2,069	917	3,017	11.00
13.00	01300	NURSING ADMINISTRATION	806,984	1,301,408	10,740	4,916	147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	171,014	9,873,568	1,733	1,089	5,139	14.00
15.00	01500	PHARMACY	54,948	2,216,194	8,545	3,333	34,813	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	50,604	586,056	5,561	3,831	129	16.00
17.00	01700	SOCIAL SERVICE	148	29,857	1,586	859	13	17.00
18.00	01080	EXTENDED CARE SERVICES	76,985	275,505	495	2,360	30	18.00
18.01	01851	LAB ADMINISTRATION	8,555	35,789	1,841	384	28	18.01
20.00	02000	NURSING SCHOOL	838,084	3,302,208	4,119	2,246	232	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21	102,083	21,304	4,052	21	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	85	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	500	1,282	122	53	1	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	402,653	5,008,090	50,167	24,090	2,439	30.00
31.00	03100	INTENSIVE CARE UNIT	24,245	187,158	3,227	751	241	31.00
32.00	03200	CORONARY CARE UNIT	27,152	112,238	1,724	304	90	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	48,353	230,926	3,175	1,002	314	34.00
35.01	02041	NEURO-ICU	17,343	124,153	2,171	698	172	35.01
35.02	02042	CARDIO-THORACIC ICU	21,730	375,247	2,809	1,070	264	35.02
40.00	04000	SUBPROVIDER - IPF	20,065	270,503	2,430	1,000	55	40.00
43.00	04300	NURSERY	6,893	25,428	474	88	84	43.00
44.00	04400	SKILLED NURSING FACILITY	34,238	447,552	1,496	171	186	44.00
45.00	04500	NURSING FACILITY	1,825	27,233	210	15	13	45.00
46.00	04600	OTHER LONG TERM CARE	4,259	121,225	313	34	31	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,818,795	8,073,878	15,614	8,915	4,293	50.00
51.00	05100	RECOVERY ROOM	58,148	799,481	4,844	2,262	641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,033	262,195	2,376	620	205	52.00
53.00	05300	ANESTHESIOLOGY	935,396	964,969	1,005	3,663	1,688	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,366,062	6,410,250	7,104	3,815	1,731	54.00
54.01	05401	ULTRASOUND	690,223	854,310	563	310	32	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,944,195	3,751,567	3,539	2,589	492	55.00
56.00	05600	RADIOISOTOPE	310,549	669,677	735	508	286	56.00
57.00	05700	CT SCAN	901,062	982,461	1,338	687	409	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,687,583	1,958,329	1,605	731	603	58.00
59.00	05900	CARDIAC CATHETERIZATION	637,925	1,068,958	2,104	1,504	476	59.00
60.00	06000	LABORATORY	692,054	1,263,231	6,855	3,264	4,509	60.00
60.01	06001	HLA LAB	50,450	77,379	402	163	884	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	140,712	412,019	2,534	1,133	9,470	63.00
65.00	06500	RESPIRATORY THERAPY	617,107	767,125	3,956	1,102	1,122	65.00
66.00	06600	PHYSICAL THERAPY	15,965	72,047	2,136	688	41	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,379	795	56	1	67.00
68.00	06800	SPEECH PATHOLOGY	25,607	30,750	307	22	3	68.00
69.00	06900	ELECTROCARDIOLOGY	351,081	495,420	1,495	748	589	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	82,973	95,823	264	101	11	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	34,352	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	77,738	151,451	917	374	287	74.00
76.00	03330	ENDOSCOPY	187,047	485,149	1,850	906	443	76.00
76.01	03950	OB/GYN IN VITRO	286,399	331,298	243	15	90	76.01
76.02	03320	ELECTROSHOCK THERAPY	7,398	27,462	108	114	12	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	176	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	19,634	392,349	4,579	5,844	488	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
			2.00	2A	4.00	5.01	5.03	
90.01	04950	OUTPATIENT PSYCH	0	105,937	279	481	176	90.01
91.00	09100	EMERGENCY	175,465	1,034,221	6,434	4,165	1,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	76,198	539	218	9	105.00
106.00	10600	HEART ACQUISITION	0	22,028	120	113	2	106.00
107.00	10700	LIVER ACQUISITION	0	27,272	299	125	3	107.00
108.00	10800	LUNG ACQUISITION	2,171	20,754	225	222	5	108.00
109.00	10900	PANCREAS ACQUISITION	0	4,932	1	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	100	280	13	5	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,387,748	96,557,611	231,212	122,000	142,241	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	4,526	35,378	0	0	16	191.01
191.02	19102	RESEARCH CTSA O/P	5,699	33,621	0	0	1	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	82,137	4,220,684	2,818	1,849	306	194.00
194.01	07951	RETAIL PHARMACY	54,195	153,855	1,371	1,486	5,903	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	134	29,519	447	488	11	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,534,439	101,030,668	235,848	125,823	148,478	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING	349,740					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	33,316,888			5.06
7.00	00700	OPERATION OF PLANT	0	0	1,374,613	5,974,785		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	94,791	22,730	144,207	8.00
9.00	00900	HOUSEKEEPING	0	0	509,932	96,484	4,474	9.00
10.00	01000	DIETARY	0	0	326,305	165,614	215	10.00
11.00	01100	CAFETERIA	0	0	149,848	125,463	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,097,175	75,395	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	271,322	95,265	245	14.00
15.00	01500	PHARMACY	0	0	3,780,936	76,881	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	727,871	60,679	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	138,186	5,148	0	17.00
18.00	01080	EXTENDED CARE SERVICES	0	0	55,812	44,254	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	265,115	7,774	0	18.01
20.00	02000	NURSING SCHOOL	0	0	26,209	279,786	29	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,048,962	24,874	1,626	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	6,155	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	9,745	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,517	0	3,967,514	1,559,720	81,042	30.00
31.00	03100	INTENSIVE CARE UNIT	2,134	0	269,052	52,881	2,849	31.00
32.00	03200	CORONARY CARE UNIT	1,037	0	139,758	29,865	1,494	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,890	0	273,070	65,556	3,346	34.00
35.01	02041	NEURO-ICU	1,438	0	181,416	35,913	2,003	35.01
35.02	02042	CARDIO-THORACIC ICU	1,574	0	241,177	57,533	2,712	35.02
40.00	04000	SUBPROVIDER - IPF	1,107	0	229,931	82,019	1,762	40.00
43.00	04300	NURSERY	316	0	43,110	6,447	953	43.00
44.00	04400	SKILLED NURSING FACILITY	957	0	163,874	49,333	2,877	44.00
45.00	04500	NURSING FACILITY	63	0	16,888	7,576	429	45.00
46.00	04600	OTHER LONG TERM CARE	163	0	40,093	38,479	988	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,456	0	1,741,631	401,176	3,170	50.00
51.00	05100	RECOVERY ROOM	6,297	0	506,544	147,887	2,188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	978	0	209,395	60,631	1,004	52.00
53.00	05300	ANESTHESIOLOGY	9,453	0	216,688	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,114	0	916,534	197,665	4,064	54.00
54.01	05401	ULTRASOUND	3,016	0	96,248	49,453	142	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13,695	0	648,024	146,567	477	55.00
56.00	05600	RADIOISOTOPE	1,490	0	79,957	29,397	669	56.00
57.00	05700	CT SCAN	17,353	0	166,167	25,747	889	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,041	0	231,354	85,897	4,528	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,295	0	254,614	70,445	913	59.00
60.00	06000	LABORATORY	49,948	0	1,104,342	150,859	0	60.00
60.01	06001	HLA LAB	3,323	0	91,549	8,242	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,835	0	941,506	34,214	481	63.00
65.00	06500	RESPIRATORY THERAPY	5,407	0	420,779	23,862	0	65.00
66.00	06600	PHYSICAL THERAPY	2,057	0	176,785	12,810	96	66.00
67.00	06700	OCCUPATIONAL THERAPY	692	0	59,016	3,593	0	67.00
68.00	06800	SPEECH PATHOLOGY	216	0	24,385	1,795	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,096	0	190,330	33,542	403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	906	0	34,511	4,361	19	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,254	0	2,262,668	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,564	0	2,551,246	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,091	0	48,550	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,800	0	97,982	23,619	171	74.00
76.00	03330	ENDOSCOPY	3,604	0	191,026	55,906	596	76.00
76.01	03950	OB/GYN IN VITRO	286	0	51,705	13,873	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	140	0	10,116	6,927	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	107	0	13,085	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,493	0	430,817	92,849	1,023	90.00
90.01	04950	OUTPATIENT PSYCH	230	0	5,174	0	0	90.01
91.00	09100	EMERGENCY	13,474	0	630,066	138,604	14,605	91.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,293	0	226,403	20,437	0	105.00
106.00	10600	HEART ACQUISITION	193	0	50,725	4,094	0	106.00
107.00	10700	LIVER ACQUISITION	585	0	129,013	7,243	0	107.00
108.00	10800	LUNG ACQUISITION	492	0	115,044	3,629	0	108.00
109.00	10900	PANCREAS ACQUISITION	89	0	18,700	1,381	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	443	0	148,682	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	348,002	0	32,540,221	4,922,374	142,482	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	51	0	2,381	11,760	237	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	1,189	10,643	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	503,151	1,013,998	1,488	194.00
194.01	07951	RETAIL PHARMACY	1,687	0	131,409	12,318	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	138,537	3,692	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	349,740	0	33,316,888	5,974,785	144,207	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,092,800					9.00
10.00	01000	DIETARY	32,383	1,064,161				10.00
11.00	01100	CAFETERIA	24,532	0	742,450			11.00
13.00	01300	NURSING ADMINISTRATION	14,742	0	30,337	2,534,860		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,627	0	10,325	0	10,277,313	14.00
15.00	01500	PHARMACY	15,033	0	24,056	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,865	0	22,779	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,007	0	5,642	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	8,653	142,534	2,235	0	0	18.00
18.01	01851	LAB ADMINISTRATION	1,520	0	5,322	0	0	18.01
20.00	02000	NURSING SCHOOL	54,707	0	11,922	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,864	0	85,688	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	426	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	532	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	304,971	796,973	188,188	1,233,106	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,340	12,017	11,283	74,027	0	31.00
32.00	03200	CORONARY CARE UNIT	5,840	6,314	5,961	39,150	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,818	4,389	11,390	74,588	0	34.00
35.01	02041	NEURO-ICU	7,022	24,180	7,345	47,885	0	35.01
35.02	02042	CARDIO-THORACIC ICU	11,250	7,509	8,941	58,871	0	35.02
40.00	04000	SUBPROVIDER - IPF	16,037	50,626	9,367	61,355	0	40.00
43.00	04300	NURSERY	1,261	0	1,597	10,591	0	43.00
44.00	04400	SKILLED NURSING FACILITY	9,646	0	7,345	58,000	0	44.00
45.00	04500	NURSING FACILITY	1,481	0	852	7,417	0	45.00
46.00	04600	OTHER LONG TERM CARE	7,524	0	2,129	17,023	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	78,443	0	47,474	311,445	0	50.00
51.00	05100	RECOVERY ROOM	28,917	1,225	15,115	99,006	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,855	0	9,048	59,823	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,429	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,650	0	26,292	0	0	54.00
54.01	05401	ULTRASOUND	9,670	0	1,810	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	28,658	0	11,177	0	0	55.00
56.00	05600	RADIOISOTOPE	5,748	0	2,129	0	0	56.00
57.00	05700	CT SCAN	5,034	0	4,896	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,796	0	5,642	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,774	0	6,600	43,334	0	59.00
60.00	06000	LABORATORY	29,498	0	29,698	0	0	60.00
60.01	06001	HLA LAB	1,612	0	1,490	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,690	0	9,048	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,666	0	13,518	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,505	0	8,196	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	703	0	2,768	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	351	0	958	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,559	0	5,429	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	853	0	1,171	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,838,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,438,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,618	0	2,768	0	0	74.00
76.00	03330	ENDOSCOPY	10,931	0	6,067	39,807	0	76.00
76.01	03950	OB/GYN IN VITRO	2,713	0	852	5,560	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,355	0	426	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,155	0	15,860	103,393	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,384	0	0	90.01
91.00	09100	EMERGENCY	27,101	0	24,802	162,914	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,996	0	1,916	12,567	0	105.00
106.00	10600	HEART ACQUISITION	801	0	426	2,723	0	106.00
107.00	10700	LIVER ACQUISITION	1,416	0	1,064	6,780	0	107.00
108.00	10800	LUNG ACQUISITION	710	0	852	5,464	0	108.00
109.00	10900	PANCREAS ACQUISITION	270	0	0	31	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	852	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	939,171	1,045,767	718,819	2,534,860	10,277,313	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	2,299	1,130	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	2,081	1,130	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	146,118	0	17,883	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,409	0	4,151	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	722	0	1,597	0	0	194.02
194.03	07953	GUEST MEALS	0	16,134	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,092,800	1,064,161	742,450	2,534,860	10,277,313	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE EXTENDED CARE SERVICES	OTHER GENERAL SERVICE LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	6,159,791					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,418,771				16.00
17.00	01700	SOCIAL SERVICE	149	0	182,447			17.00
18.00	01080	EXTENDED CARE SERVICES	0	0	0	531,878		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	317,773	18.01
20.00	02000	NURSING SCHOOL	5	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	690	108,176	156,612	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41	8,706	5,859	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,231	2,822	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13	7,712	5,085	0	0	34.00
35.01	02041	NEURO-ICU	23	5,866	3,809	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	4	6,423	4,253	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	2	4,518	0	0	0	40.00
43.00	04300	NURSERY	0	1,288	4,007	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	309	3,904	0	358,383	0	44.00
45.00	04500	NURSING FACILITY	0	255	0	55,170	0	45.00
46.00	04600	OTHER LONG TERM CARE	119	666	0	118,325	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	591	112,006	0	0	0	50.00
51.00	05100	RECOVERY ROOM	113	25,690	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	116	3,989	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	65,732	38,565	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,912	73,897	0	0	0	54.00
54.01	05401	ULTRASOUND	142	12,304	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	29,249	55,871	0	0	0	55.00
56.00	05600	RADIOISOTOPE	27,074	6,079	0	0	0	56.00
57.00	05700	CT SCAN	822	70,793	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,559	49,121	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,602	0	0	0	59.00
60.00	06000	LABORATORY	63	195,758	0	0	234,731	60.00
60.01	06001	HLA LAB	0	13,555	0	0	12,042	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,174	64,598	0	0	71,000	63.00
65.00	06500	RESPIRATORY THERAPY	116	22,056	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,392	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,821	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	880	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,142	37,109	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,696	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	98,947	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	92,051	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,112,247	143,154	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,433	7,343	0	0	0	74.00
76.00	03330	ENDOSCOPY	8	14,702	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	572	1,169	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1	573	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	436	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	14,960	14,250	0	0	0	90.00

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		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
90.01	04950	OUTPATIENT PSYCH	22,756	937	0	0	0	90.01
91.00	09100	EMERGENCY	1,266	54,968	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	5,276	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	789	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,387	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	2,006	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	362	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	1,806	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,315,403	1,411,683	182,447	531,878	317,773	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	159	206	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	1	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	844,229	6,881	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,159,791	1,418,771	182,447	531,878	317,773	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	Subtotal	
			20.00	21.00	23.01	23.02	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00	01080	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
20.00	02000	NURSING SCHOOL	2,582,748					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		3,293,474				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY			6,666			23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				11,735		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS					13,508,295	30.00
31.00	03100	INTENSIVE CARE UNIT					640,566	31.00
32.00	03200	CORONARY CARE UNIT					350,828	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					695,274	34.00
35.01	02041	NEURO-ICU					444,094	35.01
35.02	02042	CARDIO-THORACIC ICU					779,637	35.02
40.00	04000	SUBPROVIDER - IPF					730,712	40.00
43.00	04300	NURSERY					95,644	43.00
44.00	04400	SKILLED NURSING FACILITY					1,104,033	44.00
45.00	04500	NURSING FACILITY					117,602	45.00
46.00	04600	OTHER LONG TERM CARE					347,112	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM					10,826,092	50.00
51.00	05100	RECOVERY ROOM					1,640,210	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					622,235	52.00
53.00	05300	ANESTHESIOLOGY					1,307,192	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					7,714,028	54.00
54.01	05401	ULTRASOUND					1,028,000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC					4,691,905	55.00
56.00	05600	RADIOISOTOPE					823,749	56.00
57.00	05700	CT SCAN					1,276,596	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					2,368,206	58.00
59.00	05900	CARDIAC CATHETERIZATION					1,489,619	59.00
60.00	06000	LABORATORY					3,072,756	60.00
60.01	06001	HLA LAB					210,641	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					1,571,702	63.00
65.00	06500	RESPIRATORY THERAPY					1,263,709	65.00
66.00	06600	PHYSICAL THERAPY					285,753	66.00
67.00	06700	OCCUPATIONAL THERAPY					80,824	67.00
68.00	06800	SPEECH PATHOLOGY					59,667	68.00
69.00	06900	ELECTROCARDIOLOGY					796,862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					141,716	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					7,249,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					8,139,151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					5,339,042	73.00
74.00	07400	RENAL DIALYSIS					292,763	74.00
76.00	03330	ENDOSCOPY					810,995	76.00
76.01	03950	OB/GYN IN VITRO					408,376	76.01
76.02	03320	ELECTROSHOCK THERAPY					47,234	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION					13,804	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC					1,098,060	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	Subtotal	
			20.00	21.00	23.01	23.02	24.00	
90.01	04950	OUTPATIENT PSYCH					137,354	90.01
91.00	09100	EMERGENCY					2,113,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					348,852	105.00
106.00	10600	HEART ACQUISITION					82,014	106.00
107.00	10700	LIVER ACQUISITION					176,187	107.00
108.00	10800	LUNG ACQUISITION					149,403	108.00
109.00	10900	PANCREAS ACQUISITION					25,766	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW					152,181	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	86,669,906	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH					0	191.00
191.01	19101	RESEARCH CTSA I/P					53,617	191.01
191.02	19102	RESEARCH CTSA O/P					48,666	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS					5,908,295	194.00
194.01	07951	RETAIL PHARMACY					1,165,699	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS					175,013	194.02
194.03	07953	GUEST MEALS					16,134	194.03
200.00		Cross Foot Adjustments	2,582,748	3,293,474	6,666	11,735	5,894,623	200.00
201.00		Negative Cost Centers	1,098,715	0	0	0	1,098,715	201.00
202.00		TOTAL (sum lines 118-201)	3,681,463	3,293,474	6,666	11,735	101,030,668	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)				1.03
1.04	00104	NEW CRC-B&F(GSON)				1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)				1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.03	00512	PURCHASING, RECEIVING AND STORES				5.03
5.04	00513	ADMITTING				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
18.00	01080	EXTENDED CARE SERVICES				18.00
18.01	01851	LAB ADMINISTRATION				18.01
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY				23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED				23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	13,508,295		30.00
31.00	03100	INTENSIVE CARE UNIT	0	640,566		31.00
32.00	03200	CORONARY CARE UNIT	0	350,828		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	695,274		34.00
35.01	02041	NEURO-ICU	0	444,094		35.01
35.02	02042	CARDIO-THORACIC ICU	0	779,637		35.02
40.00	04000	SUBPROVIDER - IPF	0	730,712		40.00
43.00	04300	NURSERY	0	95,644		43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,104,033		44.00
45.00	04500	NURSING FACILITY	0	117,602		45.00
46.00	04600	OTHER LONG TERM CARE	0	347,112		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	10,826,092		50.00
51.00	05100	RECOVERY ROOM	0	1,640,210		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	622,235		52.00
53.00	05300	ANESTHESIOLOGY	0	1,307,192		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,714,028		54.00
54.01	05401	ULTRASOUND	0	1,028,000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,691,905		55.00
56.00	05600	RADIOISOTOPE	0	823,749		56.00
57.00	05700	CT SCAN	0	1,276,596		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,368,206		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,489,619		59.00
60.00	06000	LABORATORY	0	3,072,756		60.00
60.01	06001	HLA LAB	0	210,641		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,571,702		63.00
65.00	06500	RESPIRATORY THERAPY	0	1,263,709		65.00
66.00	06600	PHYSICAL THERAPY	0	285,753		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	80,824		67.00
68.00	06800	SPEECH PATHOLOGY	0	59,667		68.00
69.00	06900	ELECTROCARDIOLOGY	0	796,862		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	141,716		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,249,720		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,139,151		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,339,042		73.00
74.00	07400	RENAL DIALYSIS	0	292,763		74.00
76.00	03330	ENDOSCOPY	0	810,995		76.00
76.01	03950	OB/GYN IN VITRO	0	408,376		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	47,234		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	13,804		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	1,098,060		90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
90.01	04950	OUTPATIENT PSYCH	0	137,354		90.01
91.00	09100	EMERGENCY	0	2,113,745		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
	SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	348,852		105.00
106.00	10600	HEART ACQUISITION	0	82,014		106.00
107.00	10700	LIVER ACQUISITION	0	176,187		107.00
108.00	10800	LUNG ACQUISITION	0	149,403		108.00
109.00	10900	PANCREAS ACQUISITION	0	25,766		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	152,181		112.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	86,669,906		118.00
	NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	0		191.00
191.01	19101	RESEARCH CTSA I/P	0	53,617		191.01
191.02	19102	RESEARCH CTSA O/P	0	48,666		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	5,908,295		194.00
194.01	07951	RETAIL PHARMACY	0	1,165,699		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	175,013		194.02
194.03	07953	GUEST MEALS	0	16,134		194.03
200.00		Cross Foot Adjustments	0	5,894,623		200.00
201.00		Negative Cost Centers	0	1,098,715		201.00
202.00		TOTAL (sum lines 118-201)	0	101,030,668		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	
			1.00	1.03	1.04	1.05	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,285,584					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	718,472				1.03
1.04	00104	NEW CRC-B&F(GSON)	0	0	93,215			1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	44,859		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					35,563,379	2.00
4.00	00400	EMPLOYEE BENEFITS	20,350	0	0	0	2,234	4.00
5.01	00510	NONPATIENT TELEPHONES	11,506	1,070	0	0	593	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	16,714	351	0	0	0	5.03
5.04	00513	ADMITTING	26,040	0	0	586	4,782	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	594,560	190,483	0	12,878	13,924,884	5.06
7.00	00700	OPERATION OF PLANT	243,487	117,608	0	54	360,030	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,249	39	0	0	2,404	8.00
9.00	00900	HOUSEKEEPING	27,334	4,546	0	11	108,735	9.00
10.00	01000	DIETARY	47,021	258	0	0	104,216	10.00
11.00	01100	CAFETERIA	41,608	192	0	0	61,045	11.00
13.00	01300	NURSING ADMINISTRATION	24,564	555	0	0	708,017	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,769	2,970	0	0	150,041	14.00
15.00	01500	PHARMACY	23,572	1,212	0	0	48,209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,216	0	0	0	44,398	16.00
17.00	01700	SOCIAL SERVICE	846	869	0	0	130	17.00
18.00	01080	EXTENDED CARE SERVICES	14,744	0	0	0	67,544	18.00
18.01	01851	LAB ADMINISTRATION	2,590	0	0	0	7,506	18.01
20.00	02000	NURSING SCHOOL	0	0	93,215	0	735,303	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,762	0	0	0	18	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	439	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	519,645	0	0	0	353,273	30.00
31.00	03100	INTENSIVE CARE UNIT	17,618	0	0	0	21,272	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	23,822	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,979	0	0	0	42,423	34.00
35.01	02041	NEURO-ICU	11,965	0	0	0	15,216	35.01
35.02	02042	CARDIO-THORACIC ICU	0	19,168	0	0	19,065	35.02
40.00	04000	SUBPROVIDER - IPF	27,326	0	0	0	17,604	40.00
43.00	04300	NURSERY	2,148	0	0	0	6,048	43.00
44.00	04400	SKILLED NURSING FACILITY	16,436	0	0	0	30,039	44.00
45.00	04500	NURSING FACILITY	2,524	0	0	0	1,601	45.00
46.00	04600	OTHER LONG TERM CARE	12,820	0	0	0	3,737	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,679	84,979	0	0	5,105,191	50.00
51.00	05100	RECOVERY ROOM	32,026	17,245	0	0	51,017	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,200	0	0	0	73,727	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	820,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,739	29,463	0	1,171	3,830,618	54.00
54.01	05401	ULTRASOUND	10,120	3,819	0	0	605,576	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,355	45,476	0	0	2,583,126	55.00
56.00	05600	RADIOISOTOPE	9,794	0	0	0	272,464	56.00
57.00	05700	CT SCAN	0	3,058	0	0	790,558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,176	8,044	0	0	1,480,622	58.00
59.00	05900	CARDIAC CATHETERIZATION	922	22,548	0	0	559,691	59.00
60.00	06000	LABORATORY	37,710	6,794	0	586	607,182	60.00
60.01	06001	HLA LAB	2,746	0	0	0	44,263	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,857	7,542	0	0	123,455	63.00
65.00	06500	RESPIRATORY THERAPY	7,950	0	0	0	541,426	65.00
66.00	06600	PHYSICAL THERAPY	4,268	0	0	0	14,007	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,197	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	598	0	0	0	22,467	68.00
69.00	06900	ELECTROCARDIOLOGY	8,433	2,742	0	0	308,025	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,453	0	0	0	72,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,869	0	0	0	68,204	74.00
76.00	03330	ENDOSCOPY	5,065	13,561	0	0	164,108	76.00
76.01	03950	OB/GYN IN VITRO	4,622	0	0	0	251,276	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	6,491	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	
			1.00	1.03	1.04	1.05	2.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,439	14,540	0	0	17,226	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,797	42,871	0	0	153,946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,937	872	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,194	170	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,107	305	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,059	150	0	0	1,905	108.00
109.00	10900	PANCREAS ACQUISITION	406	54	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,057,369	643,554	93,215	15,286	35,434,677	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	3,971	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	5,000	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	226,985	70,814	0	29,573	72,064	194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	47,549	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,230	0	0	0	118	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,022,079	12,912,546	1,750,280	1,211,819	40,534,439	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.322634	17.972233	18.776806	27.013955	1.139780	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (RENT EXP)	PURCHASING, RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	476,612,783					4.00
5.01	00510	NONPATIENT TELEPHONES	1,545,727	4,119,070				5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	908,113	7,241	388,165,105			5.03
5.04	00513	ADMITTING	10,184,591	141,827	619,569	3,952,849,630		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	662	0	3,952,849,630	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	21,717,602	374,833	1,655,367	0	0	5.06
7.00	00700	OPERATION OF PLANT	8,215,125	103,956	2,058,824	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,057	412	3,060,887	0	0	8.00
9.00	00900	HOUSEKEEPING	11,360,694	85,847	1,506,449	0	0	9.00
10.00	01000	DIETARY	5,372,760	47,561	3,231,910	0	0	10.00
11.00	01100	CAFETERIA	4,178,875	30,012	7,876,825	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	21,697,044	160,934	384,963	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,501,587	35,641	13,418,003	0	0	14.00
15.00	01500	PHARMACY	17,263,566	109,118	91,375,536	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,234,785	125,433	335,749	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,203,572	28,135	33,903	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	1,000,841	77,272	78,612	0	0	18.00
18.01	01851	LAB ADMINISTRATION	3,718,654	12,586	73,862	0	0	18.01
20.00	02000	NURSING SCHOOL	8,320,290	73,533	607,041	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	43,039,105	132,653	55,972	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	171,976	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	246,276	1,720	2,272	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	101,496,580	788,447	6,369,427	301,324,681	301,324,681	30.00
31.00	03100	INTENSIVE CARE UNIT	6,519,023	24,574	629,188	24,251,663	24,251,663	31.00
32.00	03200	CORONARY CARE UNIT	3,482,862	9,968	235,857	11,785,752	11,785,752	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,413,246	32,800	820,499	21,481,287	21,481,287	34.00
35.01	02041	NEURO-ICU	4,386,425	22,853	449,624	16,338,721	16,338,721	35.01
35.02	02042	CARDIO-THORACIC ICU	5,674,631	35,041	688,186	17,889,996	17,889,996	35.02
40.00	04000	SUBPROVIDER - IPF	4,909,977	32,752	142,398	12,584,017	12,584,017	40.00
43.00	04300	NURSERY	957,487	2,884	220,138	3,588,840	3,588,840	43.00
44.00	04400	SKILLED NURSING FACILITY	3,023,189	5,611	486,103	10,874,258	10,874,258	44.00
45.00	04500	NURSING FACILITY	424,834	483	34,836	711,189	711,189	45.00
46.00	04600	OTHER LONG TERM CARE	631,847	1,128	81,285	1,854,862	1,854,862	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,543,401	291,859	11,209,066	311,994,381	311,994,381	50.00
51.00	05100	RECOVERY ROOM	9,785,658	74,061	1,673,333	71,560,702	71,560,702	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,800,929	20,286	536,501	11,110,610	11,110,610	52.00
53.00	05300	ANESTHESIOLOGY	2,030,382	119,915	4,408,605	107,424,218	107,424,218	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,350,940	124,893	4,519,601	205,842,116	205,842,116	54.00
54.01	05401	ULTRASOUND	1,137,349	10,143	83,422	34,273,401	34,273,401	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,149,920	84,763	1,283,695	155,630,237	155,630,237	55.00
56.00	05600	RADIOISOTOPE	1,483,919	16,617	747,509	16,931,842	16,931,842	56.00
57.00	05700	CT SCAN	2,703,750	22,496	1,068,759	197,195,937	197,195,937	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,242,700	23,935	1,575,414	136,826,930	136,826,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,250,755	49,237	1,243,914	60,171,778	60,171,778	59.00
60.00	06000	LABORATORY	13,849,114	106,866	11,773,965	546,123,605	546,123,605	60.00
60.01	06001	HLA LAB	811,119	5,327	2,306,802	37,758,138	37,758,138	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,118,329	37,101	24,725,983	179,939,948	179,939,948	63.00
65.00	06500	RESPIRATORY THERAPY	7,992,128	36,090	2,929,957	61,438,035	61,438,035	65.00
66.00	06600	PHYSICAL THERAPY	4,315,528	22,528	107,305	23,374,726	23,374,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,605,081	1,827	3,488	7,858,376	7,858,376	67.00
68.00	06800	SPEECH PATHOLOGY	620,751	725	8,340	2,451,265	2,451,265	68.00
69.00	06900	ELECTROCARDIOLOGY	3,020,213	24,494	1,536,998	103,367,728	103,367,728	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	533,855	3,318	29,517	10,295,360	10,295,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	66,516,402	275,618,768	275,618,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	89,691,166	256,410,389	256,410,389	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	398,757,194	398,757,194	73.00
74.00	07400	RENAL DIALYSIS	1,851,966	12,250	748,286	20,455,072	20,455,072	74.00
76.00	03330	ENDOSCOPY	3,736,771	29,662	1,156,235	40,953,976	40,953,976	76.00
76.01	03950	OB/GYN IN VITRO	491,696	499	233,966	3,255,629	3,255,629	76.01
76.02	03320	ELECTROSHOCK THERAPY	218,890	3,747	31,017	1,596,202	1,596,202	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	460,550	1,214,355	1,214,355	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,250,409	191,306	1,275,058	39,694,263	39,694,263	90.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (RENT EXP)	PURCHASING, RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
90.01	04950	OUTPATIENT PSYCH	563,275	15,732	459,418	2,608,711	2,608,711	90.01
91.00	09100	EMERGENCY	12,998,453	136,367	2,937,916	153,114,304	153,114,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,089,787	7,147	24,729	14,696,725	14,696,725	105.00
106.00	10600	HEART ACQUISITION	243,305	3,695	6,186	2,198,837	2,198,837	106.00
107.00	10700	LIVER ACQUISITION	603,411	4,091	8,195	6,649,339	6,649,339	107.00
108.00	10800	LUNG ACQUISITION	453,574	7,257	13,042	5,588,943	5,588,943	108.00
109.00	10900	PANCREAS ACQUISITION	2,654	0	167	1,008,817	1,008,817	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	565,822	438	13,583	5,030,787	5,030,787	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	467,248,175	3,993,927	371,882,037	3,933,106,910	3,933,106,910	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	41,835	574,300	574,300	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	2,368	1,460	1,460	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	5,692,106	60,520	799,793	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,769,295	48,639	15,411,353	19,166,960	19,166,960	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	903,207	15,984	27,719	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	34,113,255	1,574,862	13,606,911	17,729,768	9,943	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.071574	0.382334	0.035054	0.004485	0.000003	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	235,848	125,823	148,478	349,740	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000495	0.030546	0.000383	0.000088	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-246,684,640	1,227,606,988				5.06
7.00	00700	OPERATION OF PLANT	0	50,648,974	1,990,592			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,492,671	7,573	6,981,414		8.00
9.00	00900	HOUSEKEEPING	0	18,788,957	32,145	216,591	1,862,014	9.00
10.00	01000	DIETARY	0	12,023,041	55,177	10,432	55,177	10.00
11.00	01100	CAFETERIA	0	5,521,286	41,800	0	41,800	11.00
13.00	01300	NURSING ADMINISTRATION	0	40,426,496	25,119	0	25,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,997,137	31,739	11,869	31,739	14.00
15.00	01500	PHARMACY	0	139,312,306	25,614	0	25,614	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,819,129	20,216	0	20,216	16.00
17.00	01700	SOCIAL SERVICE	0	5,091,584	1,715	0	1,715	17.00
18.00	01080	EXTENDED CARE SERVICES	0	2,056,430	14,744	0	14,744	18.00
18.01	01851	LAB ADMINISTRATION	0	9,768,422	2,590	0	2,590	18.01
20.00	02000	NURSING SCHOOL	0	965,708	93,215	1,407	93,215	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	112,341,993	8,287	78,708	8,287	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	226,773	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	359,066	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	146,200,409	519,645	3,923,437	519,645	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,913,474	17,618	137,904	17,618	31.00
32.00	03200	CORONARY CARE UNIT	0	5,149,506	9,950	72,345	9,950	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	10,061,542	21,841	162,009	21,841	34.00
35.01	02041	NEURO-ICU	0	6,684,435	11,965	96,966	11,965	35.01
35.02	02042	CARDIO-THORACIC ICU	0	8,886,413	19,168	131,307	19,168	35.02
40.00	04000	SUBPROVIDER - IPF	0	8,472,036	27,326	85,322	27,326	40.00
43.00	04300	NURSERY	0	1,588,445	2,148	46,125	2,148	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,038,088	16,436	139,260	16,436	44.00
45.00	04500	NURSING FACILITY	0	622,258	2,524	20,787	2,524	45.00
46.00	04600	OTHER LONG TERM CARE	0	1,477,268	12,820	47,811	12,820	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	64,172,096	133,658	153,454	133,658	50.00
51.00	05100	RECOVERY ROOM	0	18,664,126	49,271	105,920	49,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,715,370	20,200	48,609	20,200	52.00
53.00	05300	ANESTHESIOLOGY	0	7,984,086	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,770,582	65,855	196,741	65,855	54.00
54.01	05401	ULTRASOUND	0	3,546,364	16,476	6,876	16,476	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,877,064	48,831	23,105	48,831	55.00
56.00	05600	RADIOISOTOPE	0	2,946,111	9,794	32,403	9,794	56.00
57.00	05700	CT SCAN	0	6,122,592	8,578	43,018	8,578	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,524,461	28,618	219,195	28,618	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,381,514	23,470	44,206	23,470	59.00
60.00	06000	LABORATORY	0	40,690,573	50,261	0	50,261	60.00
60.01	06001	HLA LAB	0	3,373,210	2,746	0	2,746	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	34,690,705	11,399	23,287	11,399	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,504,024	7,950	0	7,950	65.00
66.00	06600	PHYSICAL THERAPY	0	6,513,803	4,268	4,671	4,268	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,174,521	1,197	0	1,197	67.00
68.00	06800	SPEECH PATHOLOGY	0	898,483	598	0	598	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,012,913	11,175	19,502	11,175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,271,578	1,453	942	1,453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	83,370,217	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	94,003,166	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,788,859	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,610,238	7,869	8,288	7,869	74.00
76.00	03330	ENDOSCOPY	0	7,038,554	18,626	28,842	18,626	76.00
76.01	03950	OB/GYN IN VITRO	0	1,905,136	4,622	0	4,622	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	372,716	2,308	0	2,308	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	482,144	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,873,887	30,934	49,541	30,934	90.00
90.01	04950	OUTPATIENT PSYCH	0	190,626	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	23,215,391	46,178	707,039	46,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	8,342,028	6,809	0	6,809	105.00
106.00	10600	HEART ACQUISITION	0	1,869,014	1,364	0	1,364	106.00
107.00	10700	LIVER ACQUISITION	0	4,753,615	2,413	0	2,413	107.00
108.00	10800	LUNG ACQUISITION	0	4,238,901	1,209	0	1,209	108.00
109.00	10900	PANCREAS ACQUISITION	0	689,032	460	0	460	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	5,478,335	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-246,684,640	1,198,989,882	1,639,965	6,897,919	1,600,247	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	87,748	3,918	11,459	3,918	191.01
191.02	19102	RESEARCH CTSA O/P	0	43,799	3,546	0	3,546	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	18,539,105	337,829	72,036	248,969	194.00
194.01	07951	RETAIL PHARMACY	0	4,841,907	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,104,547	1,230	0	1,230	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		246,684,640	60,826,784	4,425,925	23,684,129	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.200948	30.557133	0.633958	12.719630	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		33,316,888	5,974,785	144,207	1,092,800	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.027140	3.001512	0.020656	0.586891	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	826,031					10.00
11.00	01100	CAFETERIA	0	6,975				11.00
13.00	01300	NURSING ADMINISTRATION	0	285	7,578,273			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	97	0	169,510,035		14.00
15.00	01500	PHARMACY	0	226	0	0	111,606,142	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	214	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	53	0	0	2,692	17.00
18.00	01080	EXTENDED CARE SERVICES	110,639	21	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	50	0	0	0	18.01
20.00	02000	NURSING SCHOOL	0	112	0	0	95	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	805	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	4	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	5	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	618,632	1,768	3,686,508	0	12,506	30.00
31.00	03100	INTENSIVE CARE UNIT	9,328	106	221,314	0	744	31.00
32.00	03200	CORONARY CARE UNIT	4,901	56	117,045	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,407	107	222,991	0	235	34.00
35.01	02041	NEURO-ICU	18,769	69	143,158	0	420	35.01
35.02	02042	CARDIO-THORACIC ICU	5,829	84	176,002	0	68	35.02
40.00	04000	SUBPROVIDER - IPF	39,297	88	183,429	0	41	40.00
43.00	04300	NURSERY	0	15	31,663	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	69	173,398	0	5,590	44.00
45.00	04500	NURSING FACILITY	0	8	22,175	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	20	50,893	0	2,162	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	446	931,105	0	10,706	50.00
51.00	05100	RECOVERY ROOM	951	142	295,991	0	2,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	85	178,849	0	2,109	52.00
53.00	05300	ANESTHESIOLOGY	0	51	0	0	1,190,975	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	247	0	0	288,299	54.00
54.01	05401	ULTRASOUND	0	17	0	0	2,576	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	105	0	0	529,954	55.00
56.00	05600	RADIOISOTOPE	0	20	0	0	490,548	56.00
57.00	05700	CT SCAN	0	46	0	0	14,893	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	53	0	0	28,252	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	62	129,553	0	0	59.00
60.00	06000	LABORATORY	0	279	0	0	1,146	60.00
60.01	06001	HLA LAB	0	14	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	85	0	0	57,500	63.00
65.00	06500	RESPIRATORY THERAPY	0	127	0	0	2,097	65.00
66.00	06600	PHYSICAL THERAPY	0	77	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	26	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	51	0	0	292,469	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	79,801,673	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	89,708,362	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	92,626,142	73.00
74.00	07400	RENAL DIALYSIS	0	26	0	0	25,969	74.00
76.00	03330	ENDOSCOPY	0	57	119,009	0	150	76.00
76.01	03950	OB/GYN IN VITRO	0	8	16,623	0	10,368	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	4	0	0	13	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	149	309,107	0	271,046	90.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
90.01	04950	OUTPATIENT PSYCH	0	13	0	0	412,303	90.01
91.00	09100	EMERGENCY	0	233	487,052	0	22,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	18	37,570	0	0	105.00
106.00	10600	HEART ACQUISITION	0	4	8,141	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	10	20,270	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	8	16,335	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	92	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	8	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	811,753	6,753	7,578,273	169,510,035	96,307,044	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	877	0	0	0	2,881	191.01
191.02	19102	RESEARCH CTSA O/P	877	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	168	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	39	0	0	15,296,217	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	15	0	0	0	194.02
194.03	07953	GUEST MEALS	12,524	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	16,833,542	8,439,746	49,982,039	13,504,497	168,688,786	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.378826	1,209.999427	6.595439	0.079668	1.511465	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,064,161	742,450	2,534,860	10,277,313	6,159,791	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.288282	106.444444	0.334490	0.060630	0.055192	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	NURSING SCHOOL (STUDENT HOURS)	
			16.00	17.00	18.00	18.01	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	3,952,849,630					16.00
17.00	01700	SOCIAL SERVICE	0	303,042				17.00
18.00	01080	EXTENDED CARE SERVICES	0	0	34,967			18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	793,078		18.01
20.00	02000	NURSING SCHOOL	0	0	0	0	50,147	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	301,324,681	260,131	0	0	45,732	30.00
31.00	03100	INTENSIVE CARE UNIT	24,251,663	9,732	0	0	1,017	31.00
32.00	03200	CORONARY CARE UNIT	11,785,752	4,687	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,481,287	8,446	0	0	0	34.00
35.01	02041	NEURO-ICU	16,338,721	6,326	0	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	17,889,996	7,064	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	12,584,017	0	0	0	2,082	40.00
43.00	04300	NURSERY	3,588,840	6,656	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,874,258	0	23,561	0	0	44.00
45.00	04500	NURSING FACILITY	711,189	0	3,627	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	1,854,862	0	7,779	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	311,994,381	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	71,560,702	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,110,610	0	0	0	1,316	52.00
53.00	05300	ANESTHESIOLOGY	107,424,218	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	205,842,116	0	0	0	0	54.00
54.01	05401	ULTRASOUND	34,273,401	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	155,630,237	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	16,931,842	0	0	0	0	56.00
57.00	05700	CT SCAN	197,195,937	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	136,826,930	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,171,778	0	0	0	0	59.00
60.00	06000	LABORATORY	546,123,605	0	0	585,827	0	60.00
60.01	06001	HLA LAB	37,758,138	0	0	30,054	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,939,948	0	0	177,197	0	63.00
65.00	06500	RESPIRATORY THERAPY	61,438,035	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,374,726	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,858,376	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,451,265	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,367,728	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,295,360	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	275,618,768	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	256,410,389	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	398,757,194	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,455,072	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	40,953,976	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	3,255,629	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,596,202	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	1,214,355	0	0	0	0	76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	NURSING SCHOOL (STUDENT HOURS)	
			16.00	17.00	18.00	18.01	20.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,694,263	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	2,608,711	0	0	0	0	90.01
91.00	09100	EMERGENCY	153,114,304	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,696,725	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,198,837	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,649,339	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,588,943	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,008,817	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	5,030,787	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,933,106,910	303,042	34,967	793,078	50,147	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	574,300	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	1,460	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	19,166,960	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	33,342,202	6,257,146	5,387,840	11,903,954	5,330,364	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.008435	20.647785	154.083565	15.009815	106.294773	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,418,771	182,447	531,878	317,773	3,681,463	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000359	0.602052	15.210856	0.400683	51.503540	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)		
			21.00	23.01	23A.02	23.02		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00	01080	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	20,000					21.00
23.01	02301	PARAMED ED PRGM-PHARMACY		100				23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED		0	-437,270	1,473,854,358		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,683	0	0	311,582,012		30.00
31.00	03100	INTENSIVE CARE UNIT	1,367	0	0	24,364,262		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	7,796,545		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	238	0	0	16,778,833		34.00
35.01	02041	NEURO-ICU	109	0	0	11,029,009		35.01
35.02	02042	CARDIO-THORACIC ICU	11	0	0	13,337,956		35.02
40.00	04000	SUBPROVIDER - IPF	328	0	0	16,091,074		40.00
43.00	04300	NURSERY	6	0	0	2,465,415		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	13,008,674		44.00
45.00	04500	NURSING FACILITY	0	0	0	1,590,502		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	3,936,632		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,106	0	0	113,444,787		50.00
51.00	05100	RECOVERY ROOM	0	0	0	27,364,178		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	215	0	0	13,155,212		52.00
53.00	05300	ANESTHESIOLOGY	1,185	0	0	20,432,166		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162	0	0	47,106,358		54.00
54.01	05401	ULTRASOUND	12	0	0	5,371,726		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	33,043,805		55.00
56.00	05600	RADIOISOTOPE	27	0	0	5,074,991		56.00
57.00	05700	CT SCAN	26	0	0	9,670,122		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,875,855		58.00
59.00	05900	CARDIAC CATHETERIZATION	74	0	0	14,251,777		59.00
60.00	06000	LABORATORY	1,002	0	0	71,609,945		60.00
60.01	06001	HLA LAB	0	0	0	4,956,423		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	69	0	0	47,007,287		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,638,647		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,300,741		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,761,034		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,136,476		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,293,799		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40	0	0	1,963,328		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	108,805,779		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	122,202,593		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	145,790,203		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,924,757		74.00
76.00	03330	ENDOSCOPY	0	0	0	10,476,856		76.00
76.01	03950	OB/GYN IN VITRO	56	0	0	3,032,081		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	565,820		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	589,273		76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)		
			21.00	23.01	23A.02	23.02		
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,664	0	0	34,737,443		90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	889,848		90.01
91.00	09100	EMERGENCY	1,619	0	0	46,181,020		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	10,706,552		105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,380,699		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	6,015,147		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	5,307,581		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	856,515		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	6,631,310		112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,999	100	-437,270	1,401,533,048		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0		191.00
191.01	19101	RESEARCH CTSA I/P	1	0	0	316,091		191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	223,944		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	36,003,329		194.00
194.01	07951	RETAIL PHARMACY	0	0	0	29,321,046		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	6,201,676		194.02
194.03	07953	GUEST MEALS	0	0	0	255,224		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	136,299,475	277,183		437,270		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6,814.973750	2,771.830000		0.000297		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,293,474	6,666		11,735		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	164.673700	66.660000		0.000008		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	252,499,672		252,499,672	0	252,499,672	292,621,777	30.00
31.00	03100	INTENSIVE CARE UNIT	15,055,429		15,055,429	0	15,055,429	24,225,143	31.00
32.00	03200	CORONARY CARE UNIT	7,798,861		7,798,861	0	7,798,861	11,779,124	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,161,852		15,161,852	0	15,161,852	21,471,566	34.00
35.01	02041	NEURO-ICU	10,289,453		10,289,453	0	10,289,453	16,331,556	35.01
35.02	02042	CARDIO-THORACIC ICU	13,266,952		13,266,952	0	13,266,952	17,879,899	35.02
40.00	04000	SUBPROVIDER - IPF	13,860,542		13,860,542	0	13,860,542	12,424,673	40.00
43.00	04300	NURSERY	2,425,257		2,425,257	0	2,425,257	3,588,840	43.00
44.00	04400	SKILLED NURSING FACILITY	13,012,538		13,012,538	0	13,012,538	10,527,068	44.00
45.00	04500	NURSING FACILITY	1,590,974		1,590,974	0	1,590,974	711,189	45.00
46.00	04600	OTHER LONG TERM CARE	3,937,801		3,937,801	0	3,937,801	1,590,093	46.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	92,311,172		92,311,172	50,500	92,361,672	208,300,051	50.00
51.00	05100	RECOVERY ROOM	27,372,305		27,372,305	0	27,372,305	27,026,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,693,900		11,693,900	0	11,693,900	9,049,388	52.00
53.00	05300	ANESTHESIOLOGY	12,362,490		12,362,490	0	12,362,490	55,934,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,016,323		46,016,323	0	46,016,323	80,303,625	54.00
54.01	05401	ULTRASOUND	5,291,541		5,291,541	0	5,291,541	8,521,389	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	33,053,619		33,053,619	0	33,053,619	8,953,705	55.00
56.00	05600	RADIOISOTOPE	4,892,494		4,892,494	0	4,892,494	4,865,655	56.00
57.00	05700	CT SCAN	9,495,805		9,495,805	0	9,495,805	76,541,327	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,879,679		12,879,679	0	12,879,679	33,101,072	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,751,702		13,751,702	0	13,751,702	33,769,211	59.00
60.00	06000	LABORATORY	64,802,609		64,802,609	0	64,802,609	333,889,942	60.00
60.01	06001	HLA LAB	4,957,895		4,957,895	0	4,957,895	8,071,916	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,551,015		46,551,015	0	46,551,015	129,503,191	63.00
65.00	06500	RESPIRATORY THERAPY	19,644,480	0	19,644,480	0	19,644,480	57,876,881	65.00
66.00	06600	PHYSICAL THERAPY	8,303,206	0	8,303,206	0	8,303,206	23,048,372	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,761,854	0	2,761,854	0	2,761,854	7,600,396	67.00
68.00	06800	SPEECH PATHOLOGY	1,136,814	0	1,136,814	0	1,136,814	2,368,616	68.00
69.00	06900	ELECTROCARDIOLOGY	10,296,856		10,296,856	0	10,296,856	52,952,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,691,312		1,691,312	0	1,691,312	9,282,908	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,838,094		108,838,094	0	108,838,094	209,205,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	122,238,887		122,238,887	0	122,238,887	201,312,574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,833,503		145,833,503	0	145,833,503	299,651,927	73.00
74.00	07400	RENAL DIALYSIS	4,926,220		4,926,220	0	4,926,220	20,153,571	74.00
76.00	03330	ENDOSCOPY	10,479,968		10,479,968	0	10,479,968	11,577,447	76.00
76.01	03950	OB/GYN IN VITRO	2,651,343		2,651,343	0	2,651,343	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	565,988		565,988	0	565,988	491,826	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	589,448		589,448	0	589,448	59,920	76.03
		OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	23,407,644		23,407,644	0	23,407,644	1,148,531	90.00
90.01	04950	OUTPATIENT PSYCH	890,112		890,112	0	890,112	10,508	90.01
91.00	09100	EMERGENCY	35,161,293		35,161,293	0	35,161,293	68,522,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,988,213		1,988,213		1,988,213	278,718	92.00
		SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	10,709,732		10,709,732		10,709,732	14,696,725	105.00
106.00	10600	HEART ACQUISITION	2,381,406		2,381,406		2,381,406	2,198,837	106.00
107.00	10700	LIVER ACQUISITION	6,016,933		6,016,933		6,016,933	6,649,339	107.00
108.00	10800	LUNG ACQUISITION	5,309,157		5,309,157		5,309,157	5,588,943	108.00
109.00	10900	PANCREAS ACQUISITION	856,769		856,769		856,769	1,008,817	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	6,633,279		6,633,279		6,633,279	3,933,696	112.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	1,267,644,391	0	1,267,644,391	50,500	1,267,694,891	2,430,600,538	200.00
201.00		Less Observation Beds	1,988,213		1,988,213		1,988,213		201.00
202.00		Total (see instructions)	1,265,656,178	0	1,265,656,178	50,500	1,265,706,678	2,430,600,538	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Outpatient	Charges 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		292,621,777					30.00
31.00	03100	INTENSIVE CARE UNIT		24,225,143					31.00
32.00	03200	CORONARY CARE UNIT		11,779,124					32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		21,471,566					34.00
35.01	02041	NEURO-ICU		16,331,556					35.01
35.02	02042	CARDIO-THORACIC ICU		17,879,899					35.02
40.00	04000	SUBPROVIDER - IPF		12,424,673					40.00
43.00	04300	NURSERY		3,588,840					43.00
44.00	04400	SKILLED NURSING FACILITY		10,527,068					44.00
45.00	04500	NURSING FACILITY		711,189					45.00
46.00	04600	OTHER LONG TERM CARE		1,590,093					46.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,694,330	311,994,381	0.295874	0.000000	0.296036		50.00
51.00	05100	RECOVERY ROOM	44,534,640	71,560,702	0.382505	0.000000	0.382505		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,061,222	11,110,610	1.052498	0.000000	1.052498		52.00
53.00	05300	ANESTHESIOLOGY	51,489,239	107,424,218	0.115081	0.000000	0.115081		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,538,491	205,842,116	0.223552	0.000000	0.223552		54.00
54.01	05401	ULTRASOUND	25,752,012	34,273,401	0.154392	0.000000	0.154392		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	146,676,532	155,630,237	0.212386	0.000000	0.212386		55.00
56.00	05600	RADIOISOTOPE	12,066,187	16,931,842	0.288952	0.000000	0.288952		56.00
57.00	05700	CT SCAN	120,654,610	197,195,937	0.048154	0.000000	0.048154		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	103,725,858	136,826,930	0.094131	0.000000	0.094131		58.00
59.00	05900	CARDIAC CATHETERIZATION	26,402,567	60,171,778	0.228541	0.000000	0.228541		59.00
60.00	06000	LABORATORY	211,862,666	545,752,608	0.118740	0.000000	0.118740		60.00
60.01	06001	HLA LAB	29,682,819	37,754,735	0.131318	0.000000	0.131318		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,357,163	179,860,354	0.258818	0.000000	0.258818		63.00
65.00	06500	RESPIRATORY THERAPY	3,561,154	61,438,035	0.319745	0.000000	0.319745		65.00
66.00	06600	PHYSICAL THERAPY	326,354	23,374,726	0.355222	0.000000	0.355222		66.00
67.00	06700	OCCUPATIONAL THERAPY	257,980	7,858,376	0.351454	0.000000	0.351454		67.00
68.00	06800	SPEECH PATHOLOGY	82,649	2,451,265	0.463766	0.000000	0.463766		68.00
69.00	06900	ELECTROCARDIOLOGY	50,415,523	103,367,728	0.099614	0.000000	0.099614		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,012,452	10,295,360	0.164279	0.000000	0.164279		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	66,413,350	275,618,507	0.394887	0.000000	0.394887		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,097,815	256,410,389	0.476731	0.000000	0.476731		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,102,988	398,754,915	0.365722	0.000000	0.365722		73.00
74.00	07400	RENAL DIALYSIS	301,501	20,455,072	0.240831	0.000000	0.240831		74.00
76.00	03330	ENDOSCOPY	29,376,529	40,953,976	0.255896	0.000000	0.255896		76.00
76.01	03950	OB/GYN IN VITRO	3,257,901	3,257,901	0.813819	0.000000	0.813819		76.01
76.02	03320	ELECTROSHOCK THERAPY	1,104,376	1,596,202	0.354584	0.000000	0.354584		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	1,154,435	1,214,355	0.485400	0.000000	0.485400		76.03
		OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	38,545,732	39,694,263	0.589698	0.000000	0.589698		90.00
90.01	04950	OUTPATIENT PSYCH	2,598,203	2,608,711	0.341208	0.000000	0.341208		90.01
91.00	09100	EMERGENCY	85,784,987	154,307,170	0.227866	0.000000	0.227866		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,199,245	1,477,963	1.345239	0.000000	1.345239		92.00
		SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	14,696,725					105.00
106.00	10600	HEART ACQUISITION	0	2,198,837					106.00
107.00	10700	LIVER ACQUISITION	0	6,649,339					107.00
108.00	10800	LUNG ACQUISITION	0	5,588,943					108.00
109.00	10900	PANCREAS ACQUISITION	0	1,008,817					109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	1,097,091	5,030,787					112.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	1,495,188,601	3,925,789,139					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,495,188,601	3,925,789,139					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			Title XIX				Hospital	Cost	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	252,499,672		252,499,672	0	0	292,621,777	30.00
31.00	03100	INTENSIVE CARE UNIT	15,055,429		15,055,429	0	0	24,225,143	31.00
32.00	03200	CORONARY CARE UNIT	7,798,861		7,798,861	0	0	11,779,124	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,161,852		15,161,852	0	0	21,471,566	34.00
35.01	02041	NEURO-ICU	10,289,453		10,289,453	0	0	16,331,556	35.01
35.02	02042	CARDIO-THORACIC ICU	13,266,952		13,266,952	0	0	17,879,899	35.02
40.00	04000	SUBPROVIDER - IPF	13,860,542		13,860,542	0	0	12,424,673	40.00
43.00	04300	NURSERY	2,425,257		2,425,257	0	0	3,588,840	43.00
44.00	04400	SKILLED NURSING FACILITY	13,012,538		13,012,538	0	0	10,527,068	44.00
45.00	04500	NURSING FACILITY	1,590,974		1,590,974	0	0	711,189	45.00
46.00	04600	OTHER LONG TERM CARE	3,937,801		3,937,801	0	0	1,590,093	46.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	92,311,172		92,311,172	0	0	208,300,051	50.00
51.00	05100	RECOVERY ROOM	27,372,305		27,372,305	0	0	27,026,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,693,900		11,693,900	0	0	9,049,388	52.00
53.00	05300	ANESTHESIOLOGY	12,362,490		12,362,490	0	0	55,934,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,016,323		46,016,323	0	0	80,303,625	54.00
54.01	05401	ULTRASOUND	5,291,541		5,291,541	0	0	8,521,389	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	33,053,619		33,053,619	0	0	8,953,705	55.00
56.00	05600	RADIOISOTOPE	4,892,494		4,892,494	0	0	4,865,655	56.00
57.00	05700	CT SCAN	9,495,805		9,495,805	0	0	76,541,327	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,879,679		12,879,679	0	0	33,101,072	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,751,702		13,751,702	0	0	33,769,211	59.00
60.00	06000	LABORATORY	64,802,609		64,802,609	0	0	333,889,942	60.00
60.01	06001	HLA LAB	4,957,895		4,957,895	0	0	8,071,916	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,551,015		46,551,015	0	0	129,503,191	63.00
65.00	06500	RESPIRATORY THERAPY	19,644,480	0	19,644,480	0	0	57,876,881	65.00
66.00	06600	PHYSICAL THERAPY	8,303,206	0	8,303,206	0	0	23,048,372	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,761,854	0	2,761,854	0	0	7,600,396	67.00
68.00	06800	SPEECH PATHOLOGY	1,136,814	0	1,136,814	0	0	2,368,616	68.00
69.00	06900	ELECTROCARDIOLOGY	10,296,856		10,296,856	0	0	52,952,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,691,312		1,691,312	0	0	9,282,908	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,838,094		108,838,094	0	0	209,205,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	122,238,887		122,238,887	0	0	201,312,574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,833,503		145,833,503	0	0	299,651,927	73.00
74.00	07400	RENAL DIALYSIS	4,926,220		4,926,220	0	0	20,153,571	74.00
76.00	03330	ENDOSCOPY	10,479,968		10,479,968	0	0	11,577,447	76.00
76.01	03950	OB/GYN IN VITRO	2,651,343		2,651,343	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	565,988		565,988	0	0	491,826	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	589,448		589,448	0	0	59,920	76.03
		OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	23,407,644		23,407,644	0	0	1,148,531	90.00
90.01	04950	OUTPATIENT PSYCH	890,112		890,112	0	0	10,508	90.01
91.00	09100	EMERGENCY	35,161,293		35,161,293	0	0	68,522,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,988,213		1,988,213		0	278,718	92.00
		SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	10,709,732		10,709,732		0	14,696,725	105.00
106.00	10600	HEART ACQUISITION	2,381,406		2,381,406		0	2,198,837	106.00
107.00	10700	LIVER ACQUISITION	6,016,933		6,016,933		0	6,649,339	107.00
108.00	10800	LUNG ACQUISITION	5,309,157		5,309,157		0	5,588,943	108.00
109.00	10900	PANCREAS ACQUISITION	856,769		856,769		0	1,008,817	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	6,633,279		6,633,279		0	3,933,696	112.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	1,267,644,391	0	1,267,644,391	0	0	2,430,600,538	200.00
201.00		Less Observation Beds	1,988,213		1,988,213		0		201.00
202.00		Total (see instructions)	1,265,656,178	0	1,265,656,178	0	0	2,430,600,538	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Outpatient	Charges 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		292,621,777					30.00
31.00	03100	INTENSIVE CARE UNIT		24,225,143					31.00
32.00	03200	CORONARY CARE UNIT		11,779,124					32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		21,471,566					34.00
35.01	02041	NEURO-ICU		16,331,556					35.01
35.02	02042	CARDIO-THORACIC ICU		17,879,899					35.02
40.00	04000	SUBPROVIDER - IPF		12,424,673					40.00
43.00	04300	NURSERY		3,588,840					43.00
44.00	04400	SKILLED NURSING FACILITY		10,527,068					44.00
45.00	04500	NURSING FACILITY		711,189					45.00
46.00	04600	OTHER LONG TERM CARE		1,590,093					46.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,694,330	311,994,381	0.295874	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	44,534,640	71,560,702	0.382505	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,061,222	11,110,610	1.052498	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	51,489,239	107,424,218	0.115081	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,538,491	205,842,116	0.223552	0.000000	0.000000		54.00
54.01	05401	ULTRASOUND	25,752,012	34,273,401	0.154392	0.000000	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	146,676,532	155,630,237	0.212386	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	12,066,187	16,931,842	0.288952	0.000000	0.000000		56.00
57.00	05700	CT SCAN	120,654,610	197,195,937	0.048154	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	103,725,858	136,826,930	0.094131	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	26,402,567	60,171,778	0.228541	0.000000	0.000000		59.00
60.00	06000	LABORATORY	211,862,666	545,752,608	0.118740	0.000000	0.000000		60.00
60.01	06001	HLA LAB	29,682,819	37,754,735	0.131318	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,357,163	179,860,354	0.258818	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	3,561,154	61,438,035	0.319745	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	326,354	23,374,726	0.355222	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	257,980	7,858,376	0.351454	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	82,649	2,451,265	0.463766	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	50,415,523	103,367,728	0.099614	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,012,452	10,295,360	0.164279	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	66,413,350	275,618,507	0.394887	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,097,815	256,410,389	0.476731	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,102,988	398,754,915	0.365722	0.000000	0.000000		73.00
74.00	07400	RENAL DIALYSIS	301,501	20,455,072	0.240831	0.000000	0.000000		74.00
76.00	03330	ENDOSCOPY	29,376,529	40,953,976	0.255896	0.000000	0.000000		76.00
76.01	03950	OB/GYN IN VITRO	3,257,901	3,257,901	0.813819	0.000000	0.000000		76.01
76.02	03320	ELECTROSHOCK THERAPY	1,104,376	1,596,202	0.354584	0.000000	0.000000		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	1,154,435	1,214,355	0.485400	0.000000	0.000000		76.03
		OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	38,545,732	39,694,263	0.589698	0.000000	0.000000		90.00
90.01	04950	OUTPATIENT PSYCH	2,598,203	2,608,711	0.341208	0.000000	0.000000		90.01
91.00	09100	EMERGENCY	85,784,987	154,307,170	0.227866	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,199,245	1,477,963	1.345239	0.000000	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	14,696,725					105.00
106.00	10600	HEART ACQUISITION	0	2,198,837					106.00
107.00	10700	LIVER ACQUISITION	0	6,649,339					107.00
108.00	10800	LUNG ACQUISITION	0	5,588,943					108.00
109.00	10900	PANCREAS ACQUISITION	0	1,008,817					109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	1,097,091	5,030,787					112.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	1,495,188,601	3,925,789,139					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,495,188,601	3,925,789,139					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part I Date/Time Prepared: 5/28/2013 3:23 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	13,508,295	0	13,508,295	260,982	51.76	30.00
31.00	INTENSIVE CARE UNIT	640,566		640,566	9,732	65.82	31.00
32.00	CORONARY CARE UNIT	350,828		350,828	4,687	74.85	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	695,274		695,274	8,446	82.32	34.00
35.01	NEURO-ICU	444,094		444,094	6,326	70.20	35.01
35.02	CARDIO-THORACIC ICU	779,637		779,637	7,064	110.37	35.02
40.00	SUBPROVIDER - IPF	730,712	0	730,712	13,099	55.78	40.00
43.00	NURSERY	95,644		95,644	6,656	14.37	43.00
44.00	SKILLED NURSING FACILITY	1,104,033		1,104,033	23,561	46.86	44.00
45.00	NURSING FACILITY	117,602		117,602	3,627	32.42	45.00
200.00	Total (lines 30-199)	18,466,685		18,466,685	344,180		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	97,763	5,060,213		30.00
31.00	INTENSIVE CARE UNIT	4,495	295,861		31.00
32.00	CORONARY CARE UNIT	2,273	170,134		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,253	267,787		34.00
35.01	NEURO-ICU	2,151	151,000		35.01
35.02	CARDIO-THORACIC ICU	3,239	357,488		35.02
40.00	SUBPROVIDER - IPF	3,623	202,091		40.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	15,884	744,324		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	132,681	7,248,898		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 5/28/2013 3:23 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	10,826,092	311,994,381	0.034700	73,138,907	2,537,920	50.00
51.00	05100	RECOVERY ROOM	1,640,210	71,560,702	0.022921	9,029,495	206,965	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	622,235	11,110,610	0.056004	150,492	8,428	52.00
53.00	05300	ANESTHESIOLOGY	1,307,192	107,424,218	0.012169	19,112,430	232,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,714,028	205,842,116	0.037475	30,700,282	1,150,493	54.00
54.01	05401	ULTRASOUND	1,028,000	34,273,401	0.029994	3,235,569	97,048	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,691,905	155,630,237	0.030148	3,461,306	104,351	55.00
56.00	05600	RADIOISOTOPE	823,749	16,931,842	0.048651	2,257,374	109,824	56.00
57.00	05700	CT SCAN	1,276,596	197,195,937	0.006474	28,066,679	181,704	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,368,206	136,826,930	0.017308	10,910,639	188,841	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,489,619	60,171,778	0.024756	17,983,744	445,206	59.00
60.00	06000	LABORATORY	3,072,756	545,752,608	0.005630	125,810,959	708,316	60.00
60.01	06001	HLA LAB	210,641	37,754,735	0.005579	3,386,061	18,891	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,571,702	179,860,354	0.008738	49,436,483	431,976	63.00
65.00	06500	RESPIRATORY THERAPY	1,263,709	61,438,035	0.020569	26,787,501	550,992	65.00
66.00	06600	PHYSICAL THERAPY	285,753	23,374,726	0.012225	6,546,384	80,030	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,824	7,858,376	0.010285	3,235,569	33,278	67.00
68.00	06800	SPEECH PATHOLOGY	59,667	2,451,265	0.024341	978,195	23,810	68.00
69.00	06900	ELECTROCARDIOLOGY	796,862	103,367,728	0.007709	24,906,356	192,003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141,716	10,295,360	0.013765	3,085,077	42,466	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,249,720	275,618,507	0.026303	81,039,715	2,131,588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,139,151	256,410,389	0.031743	80,663,486	2,560,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,339,042	398,754,915	0.013389	109,407,377	1,464,855	73.00
74.00	07400	RENAL DIALYSIS	292,763	20,455,072	0.014312	11,663,097	166,922	74.00
76.00	03330	ENDOSCOPY	810,995	40,953,976	0.019803	4,966,222	98,346	76.00
76.01	03950	OB/GYN IN VITRO	408,376	3,257,901	0.125349	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	47,234	1,596,202	0.029591	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	13,804	1,214,355	0.011367	22,680	258	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,098,060	39,694,263	0.027663	601,966	16,652	90.00
90.01	04950	OUTPATIENT PSYCH	137,354	2,608,711	0.052652	0	0	90.01
91.00	09100	EMERGENCY	2,113,745	154,307,170	0.013698	21,896,525	299,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	106,365	1,477,963	0.071967	156,156	11,238	92.00
200.00		Total (lines 50-199)	67,028,071	3,477,464,763		752,636,726	14,095,420	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part III Date/Time Prepared: 5/28/2013 3:23 pm

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,861,072	92,077	0	0	4,953,149	30.00
31.00	03100	INTENSIVE CARE UNIT	108,102	7,236	0		115,338	31.00
32.00	03200	CORONARY CARE UNIT	0	2,316	0		2,316	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,983	0		4,983	34.00
35.01	02041	NEURO-ICU	0	3,276	0		3,276	35.01
35.02	02042	CARDIO-THORACIC ICU	0	3,961	0		3,961	35.02
40.00	04000	SUBPROVIDER - IPF	221,306	4,779	0	0	226,085	40.00
43.00	04300	NURSERY	0	732	0		732	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,864	0		3,864	44.00
45.00	04500	NURSING FACILITY	0	472	0		472	45.00
200.00		Total (lines 30-199)	5,190,480	123,696	0		5,314,176	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	260,982	18.98	97,763	1,855,542	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,732	11.85	4,495	53,266	0	31.00
32.00	03200	CORONARY CARE UNIT	4,687	0.49	2,273	1,114	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,446	0.59	3,253	1,919	0	34.00
35.01	02041	NEURO-ICU	6,326	0.52	2,151	1,119	0	35.01
35.02	02042	CARDIO-THORACIC ICU	7,064	0.56	3,239	1,814	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,099	17.26	3,623	62,533	0	40.00
43.00	04300	NURSERY	6,656	0.11	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	23,561	0.16	15,884	2,541	0	44.00
45.00	04500	NURSING FACILITY	3,627	0.13	0	0	0	45.00
200.00		Total (lines 30-199)	344,180		132,681	1,979,848	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.01	02041	NEURO-ICU	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Hospital | 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	33,693	0	33,693	50.00
51.00	05100	RECOVERY ROOM	0	0	8,127	0	8,127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	139,884	3,907	0	143,791	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,068	0	6,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,991	0	13,991	54.00
54.01	05401	ULTRASOUND	0	0	1,595	0	1,595	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,814	0	9,814	55.00
56.00	05600	RADIOISOTOPE	0	0	1,507	0	1,507	56.00
57.00	05700	CT SCAN	0	0	2,872	0	2,872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,824	0	3,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,233	0	4,233	59.00
60.00	06000	LABORATORY	0	0	21,268	0	21,268	60.00
60.01	06001	HLA LAB	0	0	1,472	0	1,472	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	13,961	0	13,961	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,833	0	5,833	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,465	0	2,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	820	0	820	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	338	0	338	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,057	0	3,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	583	0	583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	32,315	0	32,315	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	36,294	0	36,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,483	0	320,483	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,463	0	1,463	74.00
76.00	03330	ENDOSCOPY	0	0	3,112	0	3,112	76.00
76.01	03950	OB/GYN IN VITRO	0	0	901	0	901	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	168	0	168	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	175	0	175	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	10,317	0	10,317	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	264	0	264	90.01
91.00	09100	EMERGENCY	0	0	13,716	0	13,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	38,277	726	0	39,003	92.00
200.00		Total (lines 50-199)	0	178,161	559,362	0	737,523	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 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)	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	33,693	311,994,381	0.000108	0.000108	73,138,907	50.00
51.00	05100	RECOVERY ROOM	8,127	71,560,702	0.000114	0.000114	9,029,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,791	11,110,610	0.012942	0.012942	150,492	52.00
53.00	05300	ANESTHESIOLOGY	6,068	107,424,218	0.000056	0.000056	19,112,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,991	205,842,116	0.000068	0.000068	30,700,282	54.00
54.01	05401	ULTRASOUND	1,595	34,273,401	0.000047	0.000047	3,235,569	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,814	155,630,237	0.000063	0.000063	3,461,306	55.00
56.00	05600	RADIOISOTOPE	1,507	16,931,842	0.000089	0.000089	2,257,374	56.00
57.00	05700	CT SCAN	2,872	197,195,937	0.000015	0.000015	28,066,679	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,824	136,826,930	0.000028	0.000028	10,910,639	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,233	60,171,778	0.000070	0.000070	17,983,744	59.00
60.00	06000	LABORATORY	21,268	545,752,608	0.000039	0.000039	125,810,959	60.00
60.01	06001	HLA LAB	1,472	37,754,735	0.000039	0.000039	3,386,061	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,961	179,860,354	0.000078	0.000078	49,436,483	63.00
65.00	06500	RESPIRATORY THERAPY	5,833	61,438,035	0.000095	0.000095	26,787,501	65.00
66.00	06600	PHYSICAL THERAPY	2,465	23,374,726	0.000105	0.000105	6,546,384	66.00
67.00	06700	OCCUPATIONAL THERAPY	820	7,858,376	0.000104	0.000104	3,235,569	67.00
68.00	06800	SPEECH PATHOLOGY	338	2,451,265	0.000138	0.000138	978,195	68.00
69.00	06900	ELECTROCARDIOLOGY	3,057	103,367,728	0.000030	0.000030	24,906,356	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	583	10,295,360	0.000057	0.000057	3,085,077	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,315	275,618,507	0.000117	0.000117	81,039,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	36,294	256,410,389	0.000142	0.000142	80,663,486	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,483	398,754,915	0.000804	0.000804	109,407,377	73.00
74.00	07400	RENAL DIALYSIS	1,463	20,455,072	0.000072	0.000072	11,663,097	74.00
76.00	03330	ENDOSCOPY	3,112	40,953,976	0.000076	0.000076	4,966,222	76.00
76.01	03950	OB/GYN IN VITRO	901	3,257,901	0.000277	0.000277	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	168	1,596,202	0.000105	0.000105	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	175	1,214,355	0.000144	0.000144	22,680	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,317	39,694,263	0.000260	0.000260	601,966	90.00
90.01	04950	OUTPATIENT PSYCH	264	2,608,711	0.000101	0.000101	0	90.01
91.00	09100	EMERGENCY	13,716	154,307,170	0.000089	0.000089	21,896,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	39,003	1,477,963	0.026390	0.026390	156,156	92.00
200.00		Total (lines 50-199)	737,523	3,477,464,763			752,636,726	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,899	23,853,081	2,576	0	0	50.00
51.00	05100	RECOVERY ROOM	1,029	9,855,465	1,124	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,948	35,708	462	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,070	10,926,711	612	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,088	34,565,543	2,350	0	0	54.00
54.01	05401	ULTRASOUND	152	3,713,653	175	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	218	42,528,475	2,679	0	0	55.00
56.00	05600	RADIOISOTOPE	201	3,999,319	356	0	0	56.00
57.00	05700	CT SCAN	421	35,493,956	532	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	305	22,888,960	641	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,259	9,426,966	660	0	0	59.00
60.00	06000	LABORATORY	4,907	21,067,841	822	0	0	60.00
60.01	06001	HLA LAB	132	4,070,735	159	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,856	17,961,227	1,401	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,545	1,464,036	139	0	0	65.00
66.00	06600	PHYSICAL THERAPY	687	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	336	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	135	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	747	14,318,990	430	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	176	249,957	14	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,482	16,318,650	1,909	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,454	18,639,683	2,647	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,964	33,565,713	26,987	0	0	73.00
74.00	07400	RENAL DIALYSIS	840	214,249	15	0	0	74.00
76.00	03330	ENDOSCOPY	377	8,677,094	659	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	3	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	157	10,998,127	2,860	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	178,541	18	0	0	90.01
91.00	09100	EMERGENCY	1,949	11,748,000	1,046	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,121	321,374	8,481	0	0	92.00
200.00		Total (lines 50-199)	146,458	357,082,054	59,754	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
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 PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.295874	23,853,081	0	0	7,057,506	50.00
51.00	05100	RECOVERY ROOM	0.382505	9,855,465	0	0	3,769,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	35,708	0	0	37,583	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	10,926,711	0	0	1,257,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	34,565,543	0	0	7,727,196	54.00
54.01	05401	ULTRASOUND	0.154392	3,713,653	0	0	573,358	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	42,528,475	0	0	9,032,453	55.00
56.00	05600	RADIOISOTOPE	0.288952	3,999,319	0	0	1,155,611	56.00
57.00	05700	CT SCAN	0.048154	35,493,956	0	0	1,709,176	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	22,888,960	0	0	2,154,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	9,426,966	0	0	2,154,448	59.00
60.00	06000	LABORATORY	0.118740	21,067,841	0	0	2,501,595	60.00
60.01	06001	HLA LAB	0.131318	4,070,735	0	0	534,561	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	17,961,227	0	0	4,648,689	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	1,464,036	375,340	0	468,118	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	14,318,990	0	0	1,426,372	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	249,957	0	0	41,063	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	16,318,650	27,680	0	6,444,023	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	18,639,683	181,680	0	8,886,115	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	33,565,713	3,456	28,572	12,275,720	73.00
74.00	07400	RENAL DIALYSIS	0.240831	214,249	0	0	51,598	74.00
76.00	03330	ENDOSCOPY	0.255896	8,677,094	0	0	2,220,434	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	228,240	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.589698	10,998,127	0	0	6,485,573	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	178,541	0	0	60,920	90.01
91.00	09100	EMERGENCY	0.227866	11,748,000	0	0	2,676,970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	321,374	0	0	432,325	92.00
200.00		Subtotal (see instructions)		357,082,054	816,396	28,572	85,783,190	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		357,082,054	816,396	28,572	85,783,190	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	120,013	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	10,930	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	86,612	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,264	10,449		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	110,788	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
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)	329,607	10,449		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	329,607	10,449		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part II
Date/Time Prepared:
5/28/2013 3:23 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,826,092	311,994,381	0.034700	12,973	450	50.00
51.00	05100	RECOVERY ROOM	1,640,210	71,560,702	0.022921	1,892	43	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	622,235	11,110,610	0.056004	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,307,192	107,424,218	0.012169	154,060	1,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,714,028	205,842,116	0.037475	66,759	2,502	54.00
54.01	05401	ULTRASOUND	1,028,000	34,273,401	0.029994	8,379	251	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,691,905	155,630,237	0.030148	0	0	55.00
56.00	05600	RADIOISOTOPE	823,749	16,931,842	0.048651	1,081	53	56.00
57.00	05700	CT SCAN	1,276,596	197,195,937	0.006474	96,490	625	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,368,206	136,826,930	0.017308	49,191	851	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,489,619	60,171,778	0.024756	0	0	59.00
60.00	06000	LABORATORY	3,072,756	545,752,608	0.005630	678,674	3,821	60.00
60.01	06001	HLA LAB	210,641	37,754,735	0.005579	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,571,702	179,860,354	0.008738	4,865	43	63.00
65.00	06500	RESPIRATORY THERAPY	1,263,709	61,438,035	0.020569	62,705	1,290	65.00
66.00	06600	PHYSICAL THERAPY	285,753	23,374,726	0.012225	14,865	182	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,824	7,858,376	0.010285	14,595	150	67.00
68.00	06800	SPEECH PATHOLOGY	59,667	2,451,265	0.024341	1,622	39	68.00
69.00	06900	ELECTROCARDIOLOGY	796,862	103,367,728	0.007709	35,136	271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141,716	10,295,360	0.013765	8,379	115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,249,720	275,618,507	0.026303	32,974	867	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,139,151	256,410,389	0.031743	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,339,042	398,754,915	0.013389	724,894	9,706	73.00
74.00	07400	RENAL DIALYSIS	292,763	20,455,072	0.014312	72,165	1,033	74.00
76.00	03330	ENDOSCOPY	810,995	40,953,976	0.019803	4,865	96	76.00
76.01	03950	OB/GYN IN VITRO	408,376	3,257,901	0.125349	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	47,234	1,596,202	0.029591	115,680	3,423	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	13,804	1,214,355	0.011367	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,098,060	39,694,263	0.027663	2,703	75	90.00
90.01	04950	OUTPATIENT PSYCH	137,354	2,608,711	0.052652	5,676	299	90.01
91.00	09100	EMERGENCY	2,113,745	154,307,170	0.013698	532,182	7,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,477,963	0.000000	0	0	92.00
200.00		Total (lines 50-199)	66,921,706	3,477,464,763		2,702,805	35,350	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 3:23 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	33,693	0	33,693	50.00
51.00	05100	RECOVERY ROOM	0	0	8,127	0	8,127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	139,884	3,907	0	143,791	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,068	0	6,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,991	0	13,991	54.00
54.01	05401	ULTRASOUND	0	0	1,595	0	1,595	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,814	0	9,814	55.00
56.00	05600	RADIOISOTOPE	0	0	1,507	0	1,507	56.00
57.00	05700	CT SCAN	0	0	2,872	0	2,872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,824	0	3,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,233	0	4,233	59.00
60.00	06000	LABORATORY	0	0	21,268	0	21,268	60.00
60.01	06001	HLA LAB	0	0	1,472	0	1,472	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	13,961	0	13,961	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,833	0	5,833	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,465	0	2,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	820	0	820	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	338	0	338	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,057	0	3,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	583	0	583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	32,315	0	32,315	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	36,294	0	36,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,483	0	320,483	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,463	0	1,463	74.00
76.00	03330	ENDOSCOPY	0	0	3,112	0	3,112	76.00
76.01	03950	OB/GYN IN VITRO	0	0	901	0	901	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	168	0	168	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	175	0	175	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	10,317	0	10,317	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	264	0	264	90.01
91.00	09100	EMERGENCY	0	0	13,716	0	13,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	139,884	558,636	0	698,520	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 3:23 pm

Title XVIII | Subprovider - IPF | 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	33,693	311,994,381	0.000108	0.000108	12,973	50.00
51.00	05100	RECOVERY ROOM	8,127	71,560,702	0.000114	0.000114	1,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,791	11,110,610	0.012942	0.012942	0	52.00
53.00	05300	ANESTHESIOLOGY	6,068	107,424,218	0.000056	0.000056	154,060	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,991	205,842,116	0.000068	0.000068	66,759	54.00
54.01	05401	ULTRASOUND	1,595	34,273,401	0.000047	0.000047	8,379	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,814	155,630,237	0.000063	0.000063	0	55.00
56.00	05600	RADIOISOTOPE	1,507	16,931,842	0.000089	0.000089	1,081	56.00
57.00	05700	CT SCAN	2,872	197,195,937	0.000015	0.000015	96,490	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,824	136,826,930	0.000028	0.000028	49,191	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,233	60,171,778	0.000070	0.000070	0	59.00
60.00	06000	LABORATORY	21,268	545,752,608	0.000039	0.000039	678,674	60.00
60.01	06001	HLA LAB	1,472	37,754,735	0.000039	0.000039	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,961	179,860,354	0.000078	0.000078	4,865	63.00
65.00	06500	RESPIRATORY THERAPY	5,833	61,438,035	0.000095	0.000095	62,705	65.00
66.00	06600	PHYSICAL THERAPY	2,465	23,374,726	0.000105	0.000105	14,865	66.00
67.00	06700	OCCUPATIONAL THERAPY	820	7,858,376	0.000104	0.000104	14,595	67.00
68.00	06800	SPEECH PATHOLOGY	338	2,451,265	0.000138	0.000138	1,622	68.00
69.00	06900	ELECTROCARDIOLOGY	3,057	103,367,728	0.000030	0.000030	35,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	583	10,295,360	0.000057	0.000057	8,379	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,315	275,618,507	0.000117	0.000117	32,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	36,294	256,410,389	0.000142	0.000142	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,483	398,754,915	0.000804	0.000804	724,894	73.00
74.00	07400	RENAL DIALYSIS	1,463	20,455,072	0.000072	0.000072	72,165	74.00
76.00	03330	ENDOSCOPY	3,112	40,953,976	0.000076	0.000076	4,865	76.00
76.01	03950	OB/GYN IN VITRO	901	3,257,901	0.000277	0.000277	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	168	1,596,202	0.000105	0.000105	115,680	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	175	1,214,355	0.000144	0.000144	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,317	39,694,263	0.000260	0.000260	2,703	90.00
90.01	04950	OUTPATIENT PSYCH	264	2,608,711	0.000101	0.000101	5,676	90.01
91.00	09100	EMERGENCY	13,716	154,307,170	0.000089	0.000089	532,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,477,963	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	698,520	3,477,464,763			2,702,805	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 3:23 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9	280,092	16	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5	20,072	1	0	0	54.00
54.01	05401	ULTRASOUND	0	2,728	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
57.00	05700	CT SCAN	1	42,317	1	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1	33,045	1	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	26	385	0	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	6	1,429	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1	16,748	1	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	560	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4	1,451	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	583	236,084	190	0	0	73.00
74.00	07400	RENAL DIALYSIS	5	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	12	226,334	24	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1	76,384	20	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	1	1,277,444	129	0	0	90.01
91.00	09100	EMERGENCY	47	314,657	28	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)	707	2,529,730	411	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
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 PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2013 3:23 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.295874	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.382505	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	280,092	0	0	32,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	20,072	0	0	4,487	54.00
54.01	05401	ULTRASOUND	0.154392	2,728	0	0	421	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.288952	0	0	0	0	56.00
57.00	05700	CT SCAN	0.048154	42,317	0	0	2,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	33,045	0	0	3,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	0	0	0	0	59.00
60.00	06000	LABORATORY	0.118740	385	0	0	46	60.00
60.01	06001	HLA LAB	0.131318	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	1,429	0	0	457	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	16,748	0	0	1,668	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	560	0	0	92	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	1,451	0	0	573	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	236,084	0	56	86,341	73.00
74.00	07400	RENAL DIALYSIS	0.240831	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.255896	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	226,334	0	0	80,254	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.589698	76,384	0	0	45,043	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	1,277,444	0	0	435,874	90.01
91.00	09100	EMERGENCY	0.227866	314,657	0	0	71,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	0	0	0	0	92.00
200.00		Subtotal (see instructions)		2,529,730	0	56	764,338	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		2,529,730	0	56	764,338	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
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 PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	20		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	20		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 3:23 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	33,693	0	33,693	50.00
51.00	05100	RECOVERY ROOM	0	0	8,127	0	8,127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	139,884	3,907	0	143,791	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,068	0	6,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,991	0	13,991	54.00
54.01	05401	ULTRASOUND	0	0	1,595	0	1,595	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,814	0	9,814	55.00
56.00	05600	RADIOISOTOPE	0	0	1,507	0	1,507	56.00
57.00	05700	CT SCAN	0	0	2,872	0	2,872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,824	0	3,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,233	0	4,233	59.00
60.00	06000	LABORATORY	0	0	21,268	0	21,268	60.00
60.01	06001	HLA LAB	0	0	1,472	0	1,472	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	13,961	0	13,961	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,833	0	5,833	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,465	0	2,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	820	0	820	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	338	0	338	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,057	0	3,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	583	0	583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	32,315	0	32,315	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	36,294	0	36,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,483	0	320,483	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,463	0	1,463	74.00
76.00	03330	ENDOSCOPY	0	0	3,112	0	3,112	76.00
76.01	03950	OB/GYN IN VITRO	0	0	901	0	901	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	168	0	168	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	175	0	175	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	10,317	0	10,317	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	264	0	264	90.01
91.00	09100	EMERGENCY	0	0	13,716	0	13,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	139,884	558,636	0	698,520	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,693	311,994,381	0.000108	0.000108	0	50.00
51.00	05100	RECOVERY ROOM	8,127	71,560,702	0.000114	0.000114	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,791	11,110,610	0.012942	0.012942	0	52.00
53.00	05300	ANESTHESIOLOGY	6,068	107,424,218	0.000056	0.000056	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,991	205,842,116	0.000068	0.000068	20,891	54.00
54.01	05401	ULTRASOUND	1,595	34,273,401	0.000047	0.000047	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,814	155,630,237	0.000063	0.000063	0	55.00
56.00	05600	RADIOISOTOPE	1,507	16,931,842	0.000089	0.000089	0	56.00
57.00	05700	CT SCAN	2,872	197,195,937	0.000015	0.000015	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,824	136,826,930	0.000028	0.000028	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,233	60,171,778	0.000070	0.000070	0	59.00
60.00	06000	LABORATORY	21,268	545,752,608	0.000039	0.000039	537,530	60.00
60.01	06001	HLA LAB	1,472	37,754,735	0.000039	0.000039	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,961	179,860,354	0.000078	0.000078	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,833	61,438,035	0.000095	0.000095	0	65.00
66.00	06600	PHYSICAL THERAPY	2,465	23,374,726	0.000105	0.000105	2,804,478	66.00
67.00	06700	OCCUPATIONAL THERAPY	820	7,858,376	0.000104	0.000104	2,645,032	67.00
68.00	06800	SPEECH PATHOLOGY	338	2,451,265	0.000138	0.000138	422,388	68.00
69.00	06900	ELECTROCARDIOLOGY	3,057	103,367,728	0.000030	0.000030	47	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	583	10,295,360	0.000057	0.000057	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,315	275,618,507	0.000117	0.000117	182,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	36,294	256,410,389	0.000142	0.000142	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,483	398,754,915	0.000804	0.000804	1,885,429	73.00
74.00	07400	RENAL DIALYSIS	1,463	20,455,072	0.000072	0.000072	0	74.00
76.00	03330	ENDOSCOPY	3,112	40,953,976	0.000076	0.000076	0	76.00
76.01	03950	OB/GYN IN VITRO	901	3,257,901	0.000277	0.000277	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	168	1,596,202	0.000105	0.000105	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	175	1,214,355	0.000144	0.000144	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,317	39,694,263	0.000260	0.000260	0	90.00
90.01	04950	OUTPATIENT PSYCH	264	2,608,711	0.000101	0.000101	0	90.01
91.00	09100	EMERGENCY	13,716	154,307,170	0.000089	0.000089	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,477,963	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	698,520	3,477,464,763			8,498,521	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1	0	0	0	0	54.00
54.01	05401	ULTRASOUND	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	21	0	0	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
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	294	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	275	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	58	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	21	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,516	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	0	90.01
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)	2,186	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
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 PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part I Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

	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	13,508,295	0	13,508,295	260,982	51.76	30.00
31.00	INTENSIVE CARE UNIT	640,566		640,566	9,732	65.82	31.00
32.00	CORONARY CARE UNIT	350,828		350,828	4,687	74.85	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	695,274		695,274	8,446	82.32	34.00
35.01	NEURO-ICU	444,094		444,094	6,326	70.20	35.01
35.02	CARDIO-THORACIC ICU	779,637		779,637	7,064	110.37	35.02
40.00	SUBPROVIDER - IPF	730,712	0	730,712	13,099	55.78	40.00
43.00	NURSERY	95,644		95,644	6,656	14.37	43.00
44.00	SKILLED NURSING FACILITY	1,104,033		1,104,033	23,561	46.86	44.00
45.00	NURSING FACILITY	117,602		117,602	3,627	32.42	45.00
200.00	Total (lines 30-199)	18,466,685		18,466,685	344,180		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	30,132	1,559,632	30.00
31.00	INTENSIVE CARE UNIT	1,596	105,049	31.00
32.00	CORONARY CARE UNIT	506	37,874	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	992	81,661	34.00
35.01	NEURO-ICU	823	57,775	35.01
35.02	CARDIO-THORACIC ICU	369	40,727	35.02
40.00	SUBPROVIDER - IPF	4,227	235,782	40.00
43.00	NURSERY	1,182	16,985	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	2,605	84,454	45.00
200.00	Total (lines 30-199)	42,432	2,219,939	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		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	10,826,092	311,994,381	0.034700	14,643,744	508,138	50.00
51.00	05100	RECOVERY ROOM	1,640,210	71,560,702	0.022921	2,036,376	46,676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	622,235	11,110,610	0.056004	1,277,380	71,538	52.00
53.00	05300	ANESTHESIOLOGY	1,307,192	107,424,218	0.012169	4,373,720	53,224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,714,028	205,842,116	0.037475	8,368,525	313,610	54.00
54.01	05401	ULTRASOUND	1,028,000	34,273,401	0.029994	1,194,864	35,839	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,691,905	155,630,237	0.030148	1,362,074	41,064	55.00
56.00	05600	RADIOISOTOPE	823,749	16,931,842	0.048651	532,136	25,889	56.00
57.00	05700	CT SCAN	1,276,596	197,195,937	0.006474	9,638,247	62,398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,368,206	136,826,930	0.017308	4,195,976	72,624	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,489,619	60,171,778	0.024756	2,449,165	60,632	59.00
60.00	06000	LABORATORY	3,072,756	545,752,608	0.005630	37,969,247	213,767	60.00
60.01	06001	HLA LAB	210,641	37,754,735	0.005579	468,976	2,616	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,571,702	179,860,354	0.008738	13,595,020	118,793	63.00
65.00	06500	RESPIRATORY THERAPY	1,263,709	61,438,035	0.020569	7,119,497	146,441	65.00
66.00	06600	PHYSICAL THERAPY	285,753	23,374,726	0.012225	1,228,658	15,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,824	7,858,376	0.010285	757,822	7,794	67.00
68.00	06800	SPEECH PATHOLOGY	59,667	2,451,265	0.024341	264,082	6,428	68.00
69.00	06900	ELECTROCARDIOLOGY	796,862	103,367,728	0.007709	5,656,954	43,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141,716	10,295,360	0.013765	1,402,957	19,312	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,249,720	275,618,507	0.026303	18,032,313	474,304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,139,151	256,410,389	0.031743	8,882,514	281,958	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,339,042	398,754,915	0.013389	32,994,424	441,762	73.00
74.00	07400	RENAL DIALYSIS	292,763	20,455,072	0.014312	1,698,464	24,308	74.00
76.00	03330	ENDOSCOPY	810,995	40,953,976	0.019803	1,309,635	25,935	76.00
76.01	03950	OB/GYN IN VITRO	408,376	3,257,901	0.125349	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	47,234	1,596,202	0.029591	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	13,804	1,214,355	0.011367	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,098,060	39,694,263	0.027663	289,746	8,015	90.00
90.01	04950	OUTPATIENT PSYCH	137,354	2,608,711	0.052652	146	8	90.01
91.00	09100	EMERGENCY	2,113,745	154,307,170	0.013698	10,685,974	146,376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,477,963	0.000000	29,172	0	92.00
200.00		Total (lines 50-199)	66,921,706	3,477,464,763		192,457,808	3,268,078	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part III Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,861,072	92,077	0	0	4,953,149	30.00
31.00	03100	INTENSIVE CARE UNIT	108,102	7,236	0		115,338	31.00
32.00	03200	CORONARY CARE UNIT	0	2,316	0		2,316	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,983	0		4,983	34.00
35.01	02041	NEURO-ICU	0	3,276	0		3,276	35.01
35.02	02042	CARDIO-THORACIC ICU	0	3,961	0		3,961	35.02
40.00	04000	SUBPROVIDER - IPF	221,306	4,779	0	0	226,085	40.00
43.00	04300	NURSERY	0	732	0		732	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,864	0		3,864	44.00
45.00	04500	NURSING FACILITY	0	472	0		472	45.00
200.00		Total (lines 30-199)	5,190,480	123,696	0		5,314,176	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	260,982	18.98	30,132	571,905	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,732	11.85	1,596	18,913	0	31.00
32.00	03200	CORONARY CARE UNIT	4,687	0.49	506	248	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,446	0.59	992	585	0	34.00
35.01	02041	NEURO-ICU	6,326	0.52	823	428	0	35.01
35.02	02042	CARDIO-THORACIC ICU	7,064	0.56	369	207	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,099	17.26	4,227	72,958	0	40.00
43.00	04300	NURSERY	6,656	0.11	1,182	130	0	43.00
44.00	04400	SKILLED NURSING FACILITY	23,561	0.16	0	0	0	44.00
45.00	04500	NURSING FACILITY	3,627	0.13	2,605	339	0	45.00
200.00		Total (lines 30-199)	344,180		42,432	665,713	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.01	02041	NEURO-ICU	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032

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

Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm

		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)	
			Title XIX			Hospital	Cost	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	33,693	0	33,693	50.00
51.00	05100	RECOVERY ROOM	0	0	8,127	0	8,127	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	139,884	3,907	0	143,791	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,068	0	6,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,991	0	13,991	54.00
54.01	05401	ULTRASOUND	0	0	1,595	0	1,595	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,814	0	9,814	55.00
56.00	05600	RADIOISOTOPE	0	0	1,507	0	1,507	56.00
57.00	05700	CT SCAN	0	0	2,872	0	2,872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,824	0	3,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,233	0	4,233	59.00
60.00	06000	LABORATORY	0	0	21,268	0	21,268	60.00
60.01	06001	HLA LAB	0	0	1,472	0	1,472	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	13,961	0	13,961	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,833	0	5,833	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,465	0	2,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	820	0	820	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	338	0	338	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,057	0	3,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	583	0	583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	32,315	0	32,315	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	36,294	0	36,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	320,483	0	320,483	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,463	0	1,463	74.00
76.00	03330	ENDOSCOPY	0	0	3,112	0	3,112	76.00
76.01	03950	OB/GYN IN VITRO	0	0	901	0	901	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	168	0	168	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	175	0	175	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	10,317	0	10,317	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	264	0	264	90.01
91.00	09100	EMERGENCY	0	0	13,716	0	13,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	139,884	558,636	0	698,520	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		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	33,693	311,994,381	0.000108	0.000108	14,643,744	50.00
51.00	05100	RECOVERY ROOM	8,127	71,560,702	0.000114	0.000114	2,036,376	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143,791	11,110,610	0.012942	0.012942	1,277,380	52.00
53.00	05300	ANESTHESIOLOGY	6,068	107,424,218	0.000056	0.000056	4,373,720	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,991	205,842,116	0.000068	0.000068	8,368,525	54.00
54.01	05401	ULTRASOUND	1,595	34,273,401	0.000047	0.000047	1,194,864	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,814	155,630,237	0.000063	0.000063	1,362,074	55.00
56.00	05600	RADIOISOTOPE	1,507	16,931,842	0.000089	0.000089	532,136	56.00
57.00	05700	CT SCAN	2,872	197,195,937	0.000015	0.000015	9,638,247	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,824	136,826,930	0.000028	0.000028	4,195,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,233	60,171,778	0.000070	0.000070	2,449,165	59.00
60.00	06000	LABORATORY	21,268	545,752,608	0.000039	0.000039	37,969,247	60.00
60.01	06001	HLA LAB	1,472	37,754,735	0.000039	0.000039	468,976	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,961	179,860,354	0.000078	0.000078	13,595,020	63.00
65.00	06500	RESPIRATORY THERAPY	5,833	61,438,035	0.000095	0.000095	7,119,497	65.00
66.00	06600	PHYSICAL THERAPY	2,465	23,374,726	0.000105	0.000105	1,228,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	820	7,858,376	0.000104	0.000104	757,822	67.00
68.00	06800	SPEECH PATHOLOGY	338	2,451,265	0.000138	0.000138	264,082	68.00
69.00	06900	ELECTROCARDIOLOGY	3,057	103,367,728	0.000030	0.000030	5,656,954	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	583	10,295,360	0.000057	0.000057	1,402,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,315	275,618,507	0.000117	0.000117	18,032,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	36,294	256,410,389	0.000142	0.000142	8,882,514	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,483	398,754,915	0.000804	0.000804	32,994,424	73.00
74.00	07400	RENAL DIALYSIS	1,463	20,455,072	0.000072	0.000072	1,698,464	74.00
76.00	03330	ENDOSCOPY	3,112	40,953,976	0.000076	0.000076	1,309,635	76.00
76.01	03950	OB/GYN IN VITRO	901	3,257,901	0.000277	0.000277	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	168	1,596,202	0.000105	0.000105	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	175	1,214,355	0.000144	0.000144	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,317	39,694,263	0.000260	0.000260	289,746	90.00
90.01	04950	OUTPATIENT PSYCH	264	2,608,711	0.000101	0.000101	146	90.01
91.00	09100	EMERGENCY	13,716	154,307,170	0.000089	0.000089	10,685,974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,477,963	0.000000	0.000000	29,172	92.00
200.00		Total (lines 50-199)	698,520	3,477,464,763			192,457,808	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,582	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	232	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,532	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	245	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	569	0	0	0	0	54.00
54.01	05401	ULTRASOUND	56	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	86	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	47	0	0	0	0	56.00
57.00	05700	CT SCAN	145	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	117	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	171	0	0	0	0	59.00
60.00	06000	LABORATORY	1,481	0	0	0	0	60.00
60.01	06001	HLA LAB	18	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,060	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	676	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	129	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	79	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	36	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	170	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,110	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,261	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,528	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	122	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	100	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	75	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	951	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)	54,658	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
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 PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.295874	0	0	6,631,921	0	50.00
51.00	05100	RECOVERY ROOM	0.382505	0	0	2,892,162	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	0	0	233,312	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	0	0	3,243,119	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	0	0	9,957,214	0	54.00
54.01	05401	ULTRASOUND	0.154392	0	0	3,301,620	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	0	0	15,510,918	0	55.00
56.00	05600	RADIOISOTOPE	0.288952	0	0	789,852	0	56.00
57.00	05700	CT SCAN	0.048154	0	0	10,793,641	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	0	0	7,398,684	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	0	0	1,399,402	0	59.00
60.00	06000	LABORATORY	0.118740	0	0	20,613,525	0	60.00
60.01	06001	HLA LAB	0.131318	0	0	809,041	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	0	0	3,329,701	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	0	0	304,509	0	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	0	0	17,957	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	0	0	17,144	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	0	0	9,085	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	0	0	4,090,248	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	0	0	114,416	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	0	0	4,163,762	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	0	0	3,261,662	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	0	0	6,447,018	0	73.00
74.00	07400	RENAL DIALYSIS	0.240831	0	0	15,588	0	74.00
76.00	03330	ENDOSCOPY	0.255896	0	0	2,112,357	0	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	0	48,600	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.589698	0	0	6,379,163	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	0	0	2,182	0	90.01
91.00	09100	EMERGENCY	0.227866	0	0	15,362,237	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	129,250,040	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	129,250,040	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,962,213		50.00
51.00	05100	RECOVERY ROOM	0	1,106,266		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	245,560		52.00
53.00	05300	ANESTHESIOLOGY	0	373,221		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,225,955		54.00
54.01	05401	ULTRASOUND	0	509,744		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,294,302		55.00
56.00	05600	RADIOISOTOPE	0	228,229		56.00
57.00	05700	CT SCAN	0	519,757		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	696,446		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	319,821		59.00
60.00	06000	LABORATORY	0	2,447,650		60.00
60.01	06001	HLA LAB	0	106,242		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	861,787		63.00
65.00	06500	RESPIRATORY THERAPY	0	97,365		65.00
66.00	06600	PHYSICAL THERAPY	0	6,379		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,025		67.00
68.00	06800	SPEECH PATHOLOGY	0	4,213		68.00
69.00	06900	ELECTROCARDIOLOGY	0	407,446		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,796		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,644,215		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,554,935		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,357,816		73.00
74.00	07400	RENAL DIALYSIS	0	3,754		74.00
76.00	03330	ENDOSCOPY	0	540,544		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	23,590		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	3,761,780		90.00
90.01	04950	OUTPATIENT PSYCH	0	745		90.01
91.00	09100	EMERGENCY	0	3,500,531		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	28,825,327		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	28,825,327		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2013 3:23 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.295874	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.382505	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	0	0	115,833	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	0	0	7,060	0	54.00
54.01	05401	ULTRASOUND	0.154392	0	0	899	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.288952	0	0	388	0	56.00
57.00	05700	CT SCAN	0.048154	0	0	135	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	0	0	23,357	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	0	0	0	0	59.00
60.00	06000	LABORATORY	0.118740	0	0	220,560	0	60.00
60.01	06001	HLA LAB	0.131318	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	0	0	1,272	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	0	0	317	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	0	0	18,205	0	73.00
74.00	07400	RENAL DIALYSIS	0.240831	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.255896	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	0	0	93,508	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.589698	0	0	4,370	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	0	0	695,759	0	90.01
91.00	09100	EMERGENCY	0.227866	0	0	1,175	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	1,182,838	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	1,182,838	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,578	54.00
54.01	05401	ULTRASOUND	0	139	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	112	56.00
57.00	05700	CT SCAN	0	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,199	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	26,189	60.00
60.01	06001	HLA LAB	0	0	60.01
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	127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,658	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	33,156	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	2,577	90.00
90.01	04950	OUTPATIENT PSYCH	0	237,399	90.01
91.00	09100	EMERGENCY	0	268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	323,864	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	323,864	202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Hospital	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)	260,982	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	260,982	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.	76,382	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	182,545	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)	97,763	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)	252,499,672	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)	252,499,672	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	292,621,777	28.00
29.00	Private room charges (excluding swing-bed charges)	103,945,724	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	188,676,053	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.862887	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,360.87	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,033.59	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	327.28	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	282.41	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	21,571,041	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	230,928,631	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)	967.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	94,585,703	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)	94,585,703	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/28/2013 3:23 pm

	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)	
		Title XVIII			Hospital	PPS	
		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	15,055,429	9,732	1,547.00	4,495	6,953,765	43.00
44.00	CORONARY CARE UNIT	7,798,861	4,687	1,663.93	2,273	3,782,113	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	15,161,852	8,446	1,795.15	3,253	5,839,623	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	10,289,453	6,326	1,626.53	2,151	3,498,666	47.01
47.02	CARDIO-THORACIC ICU	13,266,952	7,064	1,878.11	3,239	6,083,198	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	206,464,010	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	327,207,078	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)	8,217,257	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	14,241,878	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	22,459,135	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	304,747,943	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)	2,055	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	967.50	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,988,213	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	13,508,295	252,499,672	0.053498	1,988,213	106,365	90.00
91.00	Nursing School cost	4,861,072	252,499,672	0.019252	1,988,213	38,277	91.00
92.00	Allied health cost	92,077	252,499,672	0.000365	1,988,213	726	92.00
93.00	All other Medical Education	0	252,499,672	0.000000	1,988,213	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,099	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,099	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.	203	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,896	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)	3,623	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)	13,860,542	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)	13,860,542	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	12,424,673	28.00
29.00	Private room charges (excluding swing-bed charges)	193,684	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	12,230,989	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.115566	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	954.11	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	948.43	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	5.68	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	6.34	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,287	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	13,859,255	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,058.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,833,641	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)	3,833,641	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	628,602	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,462,243	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)	264,624	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	36,057	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	300,681	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,161,562	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: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	730,712	13,860,542	0.052719	0	0	90.00
91.00	Nursing School cost	221,306	13,860,542	0.015967	0	0	91.00
92.00	Allied health cost	4,779	13,860,542	0.000345	0	0	92.00
93.00	All other Medical Education	0	13,860,542	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	23,561	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,561	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.	7,975	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	15,586	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)	15,884	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)	13,012,538	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)	13,012,538	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	10,527,068	28.00
29.00	Private room charges (excluding swing-bed charges)	3,700,400	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	6,826,668	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.236103	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	464.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	438.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	26.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	32.14	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	256,316	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,756,222	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	12,756,222	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	541.41	71.00
72.00	Program routine service cost (line 9 x line 71)	8,599,756	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	8,599,756	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	8,599,756	83.00
84.00	Program inpatient ancillary services (see instructions)	2,951,908	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	11,551,664	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: 260032 Component CCN: 265439	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Hospital	Cost

	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)	260,982	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	260,982	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.	76,382	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	182,545	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)	30,132	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)	9,489	14.00
15.00	Total nursery days (title V or XIX only)	6,656	15.00
16.00	Nursery days (title V or XIX only)	1,182	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)	252,499,672	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)	252,499,672	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	292,621,777	28.00
29.00	Private room charges (excluding swing-bed charges)	103,945,724	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	188,676,053	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.862887	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,360.87	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,033.59	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	327.28	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	282.41	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	21,571,041	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	230,928,631	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)	884.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	26,662,300	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	2,679,788	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	29,342,088	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,425,257	6,656	364.37	1,182	430,685	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,055,429	9,732	1,547.00	1,596	2,469,012	43.00
44.00	CORONARY CARE UNIT	7,798,861	4,687	1,663.93	506	841,949	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	15,161,852	8,446	1,795.15	992	1,780,789	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	10,289,453	6,326	1,626.53	823	1,338,634	47.01
47.02	CARDIO-THORACIC ICU	13,266,952	7,064	1,878.11	369	693,023	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	49,672,291	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	86,568,471	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)	2,055	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	967.50	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,988,213	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Hospital	Cost

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Subprovider - IPF	Cost

	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)	13,099	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,099	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.	203	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,896	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,227	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)	6,656	15.00
16.00	Nursery days (title V or XIX only)	1,182	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)	13,860,542	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)	13,860,542	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	12,424,673	28.00
29.00	Private room charges (excluding swing-bed charges)	193,684	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	12,230,989	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.115566	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	954.11	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	948.43	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	5.68	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	6.34	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,287	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	13,859,255	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,058.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,472,335	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)	4,472,335	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	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	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	708,568	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,180,903	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)	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: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Subprovider - IPF	Cost

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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-1
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Title XIX Nursing Facility Cost	
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,627	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,627	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.	732	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,895	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,605	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)	6,656	15.00
16.00	Nursery days (title V or XIX only)	1,182	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)	1,590,974	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)	1,590,974	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	711,189	28.00
29.00	Private room charges (excluding swing-bed charges)	169,824	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	541,365	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	2.237062	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	232.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	187.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	45.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	100.67	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	73,690	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,517,284	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-1
Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX Nursing Facility Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	1,517,284	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	418.33	71.00
72.00	Program routine service cost (line 9 x line 71)	1,089,750	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	1,089,750	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	117,602	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	32.42	76.00
77.00	Program capital-related costs (line 9 x line 76)	84,454	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	1,005,296	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	1,005,296	80.00
81.00	Inpatient routine service cost per diem limitation	999.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	2,602,395	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	1,089,750	83.00
84.00	Program inpatient ancillary services (see instructions)	9,346	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	1,099,096	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: 260032
Component CCN: 265439

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

Worksheet D-1
Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX Nursing Facility Cost

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Hospital | 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		107,697,960		30.00
31.00	03100	INTENSIVE CARE UNIT		11,348,571		31.00
32.00	03200	CORONARY CARE UNIT		5,823,556		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		8,490,530		34.00
35.01	02041	NEURO-ICU		5,688,217		35.01
35.02	02042	CARDIO-THORACIC ICU		8,454,705		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.296036	73,138,907	21,651,749	50.00
51.00	05100	RECOVERY ROOM	0.382505	9,029,495	3,453,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	150,492	158,393	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	19,112,430	2,199,478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	30,700,282	6,863,109	54.00
54.01	05401	ULTRASOUND	0.154392	3,235,569	499,546	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	3,461,306	735,133	55.00
56.00	05600	RADIOISOTOPE	0.288952	2,257,374	652,273	56.00
57.00	05700	CT SCAN	0.048154	28,066,679	1,351,523	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	10,910,639	1,027,029	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	17,983,744	4,110,023	59.00
60.00	06000	LABORATORY	0.118740	125,810,959	14,938,793	60.00
60.01	06001	HLA LAB	0.131318	3,386,061	444,651	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	49,436,483	12,795,052	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	26,787,501	8,565,170	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	6,546,384	2,325,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	3,235,569	1,137,154	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	978,195	453,654	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	24,906,356	2,481,022	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	3,085,077	506,813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	81,039,715	32,001,530	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	80,663,486	38,454,784	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	109,407,377	40,012,685	73.00
74.00	07400	RENAL DIALYSIS	0.240831	11,663,097	2,808,835	74.00
76.00	03330	ENDOSCOPY	0.255896	4,966,222	1,270,836	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	22,680	11,009	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.589698	601,966	354,978	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	0	0	90.01
91.00	09100	EMERGENCY	0.227866	21,896,525	4,989,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	156,156	210,067	92.00
200.00		Total (sum of lines 50-94 and 96-98)		752,636,726	206,464,010	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)		752,636,726		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D-3
Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02041	NEURO-ICU		0		35.01
35.02	02042	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		3,400,106		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.296036	12,973	3,840	50.00
51.00	05100	RECOVERY ROOM	0.382505	1,892	724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	154,060	17,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	66,759	14,924	54.00
54.01	05401	ULTRASOUND	0.154392	8,379	1,294	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	0	0	55.00
56.00	05600	RADIOISOTOPE	0.288952	1,081	312	56.00
57.00	05700	CT SCAN	0.048154	96,490	4,646	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	49,191	4,630	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	0	0	59.00
60.00	06000	LABORATORY	0.118740	678,674	80,586	60.00
60.01	06001	HLA LAB	0.131318	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	4,865	1,259	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	62,705	20,050	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	14,865	5,280	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	14,595	5,129	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	1,622	752	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	35,136	3,500	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	8,379	1,376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	32,974	13,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	724,894	265,110	73.00
74.00	07400	RENAL DIALYSIS	0.240831	72,165	17,380	74.00
76.00	03330	ENDOSCOPY	0.255896	4,865	1,245	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	115,680	41,018	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.589698	2,703	1,594	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	5,676	1,937	90.01
91.00	09100	EMERGENCY	0.227866	532,182	121,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,702,805	628,602	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)		2,702,805		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-3
Date/Time Prepared: 5/28/2013 3:23 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02041	NEURO-ICU		0		35.01
35.02	02042	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.295874	0	0	50.00
51.00	05100	RECOVERY ROOM	0.382505	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	20,891	4,670	54.00
54.01	05401	ULTRASOUND	0.154392	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	0	0	55.00
56.00	05600	RADIOISOTOPE	0.288952	0	0	56.00
57.00	05700	CT SCAN	0.048154	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	0	0	59.00
60.00	06000	LABORATORY	0.118740	537,530	63,826	60.00
60.01	06001	HLA LAB	0.131318	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	2,804,478	996,212	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	2,645,032	929,607	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	422,388	195,889	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	47	5	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	182,726	72,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	1,885,429	689,543	73.00
74.00	07400	RENAL DIALYSIS	0.240831	0	0	74.00
76.00	03330	ENDOSCOPY	0.255896	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.589698	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	0	0	90.01
91.00	09100	EMERGENCY	0.227866	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		8,498,521	2,951,908	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)		8,498,521		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX | Hospital | Cost

		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		33,487,827		30.00
31.00	03100	INTENSIVE CARE UNIT		3,964,433		31.00
32.00	03200	CORONARY CARE UNIT		1,294,959		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		2,549,840		34.00
35.01	02041	NEURO-ICU		2,119,207		35.01
35.02	02042	CARDIO-THORACIC ICU		910,631		35.02
40.00	04000	SUBPROVIDER - IPF		1,151		40.00
43.00	04300	NURSERY		638,280		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.295874	14,643,744	4,332,703	50.00
51.00	05100	RECOVERY ROOM	0.382505	2,036,376	778,924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	1,277,380	1,344,440	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	4,373,720	503,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	8,368,525	1,870,801	54.00
54.01	05401	ULTRASOUND	0.154392	1,194,864	184,477	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	1,362,074	289,285	55.00
56.00	05600	RADIOISOTOPE	0.288952	532,136	153,762	56.00
57.00	05700	CT SCAN	0.048154	9,638,247	464,120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	4,195,976	394,971	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	2,449,165	559,735	59.00
60.00	06000	LABORATORY	0.118740	37,969,247	4,508,468	60.00
60.01	06001	HLA LAB	0.131318	468,976	61,585	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	13,595,020	3,518,636	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	7,119,497	2,276,424	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	1,228,658	436,446	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	757,822	266,340	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	264,082	122,472	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	5,656,954	563,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	1,402,957	230,476	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	18,032,313	7,120,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	8,882,514	4,234,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	32,994,424	12,066,787	73.00
74.00	07400	RENAL DIALYSIS	0.240831	1,698,464	409,043	74.00
76.00	03330	ENDOSCOPY	0.255896	1,309,635	335,130	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.589698	289,746	170,863	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	146	50	90.01
91.00	09100	EMERGENCY	0.227866	10,685,974	2,434,970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	29,172	39,243	92.00
200.00		Total (sum of lines 50-94 and 96-98)		192,457,808	49,672,291	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)		192,457,808		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D-3
Date/Time Prepared:
5/28/2013 3:23 pm

Title XIX | Subprovider - IPF | Cost

		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	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02041	NEURO-ICU		0		35.01
35.02	02042	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		4,068,371		40.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.295874	19,598	5,799	50.00
51.00	05100	RECOVERY ROOM	0.382505	2,624	1,004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	196,995	22,670	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	62,610	13,997	54.00
54.01	05401	ULTRASOUND	0.154392	11,078	1,710	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	0	0	55.00
56.00	05600	RADIOISOTOPE	0.288952	3,477	1,005	56.00
57.00	05700	CT SCAN	0.048154	121,387	5,845	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	44,390	4,178	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	0	0	59.00
60.00	06000	LABORATORY	0.118740	798,637	94,830	60.00
60.01	06001	HLA LAB	0.131318	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	2,501	647	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	9,777	3,126	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	5,828	2,070	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	5,477	1,925	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	915	424	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	43,127	4,296	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	6,940	1,140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	12,233	4,831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	783,544	286,559	73.00
74.00	07400	RENAL DIALYSIS	0.240831	22,516	5,423	74.00
76.00	03330	ENDOSCOPY	0.255896	9,113	2,332	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	151,024	53,551	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.589698	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	4,386	1,497	90.01
91.00	09100	EMERGENCY	0.227866	832,548	189,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,150,725	708,568	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)		3,150,725		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-3
Date/Time Prepared: 5/28/2013 3:23 pm

Title XIX Nursing Facility Cost

		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	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02041	NEURO-ICU		0		35.01
35.02	02042	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.295874	0	0	50.00
51.00	05100	RECOVERY ROOM	0.382505	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052498	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115081	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223552	0	0	54.00
54.01	05401	ULTRASOUND	0.154392	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212386	0	0	55.00
56.00	05600	RADIOISOTOPE	0.288952	0	0	56.00
57.00	05700	CT SCAN	0.048154	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094131	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.228541	0	0	59.00
60.00	06000	LABORATORY	0.118740	640	76	60.00
60.01	06001	HLA LAB	0.131318	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258818	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.319745	502	161	65.00
66.00	06600	PHYSICAL THERAPY	0.355222	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351454	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.463766	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099614	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164279	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.394887	19,743	7,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476731	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.365722	3,590	1,313	73.00
74.00	07400	RENAL DIALYSIS	0.240831	0	0	74.00
76.00	03330	ENDOSCOPY	0.255896	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.813819	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.354584	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.485400	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.589698	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.341208	0	0	90.01
91.00	09100	EMERGENCY	0.227866	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.345239	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		24,475	9,346	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)		24,475		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Kidney		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	161,856	967.50	205	198,338	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,547.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,663.93	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,363	1,795.15	2	3,590	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	6,969	1,626.53	3	4,880	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,878.11	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		174,188		210	206,808	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.295874	580,866	171,863	8.00
9.00	RECOVERY ROOM	51.00	0.382505	97,297	37,217	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.052498	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.115081	184,162	21,194	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.223552	572,701	128,028	12.00
12.01	ULTRASOUND	54.01	0.154392	89,587	13,832	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.212386	1,270	270	13.00
14.00	RADIOISOTOPE	56.00	0.288952	289,464	83,641	14.00
15.00	CT SCAN	57.00	0.048154	1,701,521	81,935	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094131	122,718	11,552	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.228541	338,259	77,306	17.00
18.00	LABORATORY	60.00	0.118740	4,622,360	548,859	18.00
18.01	HLA LAB	60.01	0.131318	13,354,936	1,753,743	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258818	621,124	160,758	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.319745	39,635	12,673	23.00
24.00	PHYSICAL THERAPY	66.00	0.355222	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.351454	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.463766	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.099614	3,447,003	343,370	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.164279	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.394887	304,217	120,131	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.476731	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.365722	193,161	70,643	31.00
32.00	RENAL DIALYSIS	74.00	0.240831	53,692	12,931	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.255896	123,663	31,645	34.00
34.01	OB/GYN IN VITRO	76.01	0.813819	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.354584	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.485400	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.589698	2,519	1,485	37.00
37.01	OUTPATIENT PSYCH	90.01	0.341208	198	68	37.01
38.00	EMERGENCY	91.00	0.227866	12,585	2,868	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.345239	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			26,752,938	3,686,012	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Kidney D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	205	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	3	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			210	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	198	0.000000	0	51.01
52.00	EMERGENCY	24.00	12,585	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		15,302		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	3,892,820		26,927,126		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	10,709,732		14,696,725		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	14,602,552		41,623,851		61.00
62.00	Total Usable Organs (see instructions)		227			62.00
63.00	Medicare Usable Organs (see instructions)		140			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.616740			64.00
65.00	Medicare Cost/Charges (see instructions)	9,005,978		25,671,094		65.00
66.00	Revenue for Organs Sold	181,566		181,566		66.00
67.00	Subtotal (line 65 minus line 66)	8,824,412		25,489,528		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,824,412	0	25,489,528	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	55	4		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	168		73.00
74.00	Total (sum of lines 70 thru 73)	55	172		74.00
75.00	Organs Transplanted	55	168	14,696,725	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	4	181,566	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	55	172		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Liver		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	19,252	967.50	19	18,383	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,297	1,547.00	1	1,547	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,663.93	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	3,979	1,795.15	2	3,590	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	3,485	1,626.53	1	1,627	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,878.11	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		28,013		23	25,147	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.295874	33,194	9,821	8.00
9.00	RECOVERY ROOM	51.00	0.382505	5,447	2,084	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.052498	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.115081	32,693	3,762	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.223552	303,183	67,777	12.00
12.01	ULTRASOUND	54.01	0.154392	181,673	28,049	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.212386	109	23	13.00
14.00	RADIOISOTOPE	56.00	0.288952	253,368	73,211	14.00
15.00	CT SCAN	57.00	0.048154	473,921	22,821	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094131	3,039,944	286,153	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.228541	117,599	26,876	17.00
18.00	LABORATORY	60.00	0.118740	2,741,668	325,546	18.00
18.01	HLA LAB	60.01	0.131318	295,654	38,825	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258818	249,101	64,472	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.319745	7,804	2,495	23.00
24.00	PHYSICAL THERAPY	66.00	0.355222	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.351454	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.463766	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.099614	1,833,983	182,690	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.164279	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.394887	8,648	3,415	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.476731	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.365722	60,737	22,213	31.00
32.00	RENAL DIALYSIS	74.00	0.240831	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.255896	103,513	26,489	34.00
34.01	OB/GYN IN VITRO	76.01	0.813819	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.354584	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.485400	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.589698	764	451	37.00
37.01	OUTPATIENT PSYCH	90.01	0.341208	0	0	37.01
38.00	EMERGENCY	91.00	0.227866	10,126	2,307	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.345239	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			9,753,129	1,189,480	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Liver D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	19	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	1	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			23	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	10,126	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		10,890		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	1,214,627		9,781,142		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	6,016,933		6,649,339		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,231,560		16,430,481		61.00
62.00	Total Usable Organs (see instructions)		93			62.00
63.00	Medicare Usable Organs (see instructions)		30			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.322581			64.00
65.00	Medicare Cost/Charges (see instructions)	2,332,764		5,300,161		65.00
66.00	Revenue for Organs Sold	32,007		32,007		66.00
67.00	Subtotal (line 65 minus line 66)	2,300,757		5,268,154		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,300,757	0	5,268,154	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	1		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	92		73.00
74.00	Total (sum of lines 70 thru 73)	0	93		74.00
75.00	Organs Transplanted	0	92	6,649,339	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	1	32,007	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	93		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	3,170	967.50	2	1,935	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,547.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	5,190	1,663.93	2	3,328	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,795.15	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	371	1,626.53	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,878.11	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		8,731		4	5,263	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.295874	13,811	4,086	8.00
9.00	RECOVERY ROOM	51.00	0.382505	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.052498	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.115081	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.223552	52,974	11,842	12.00
12.01	ULTRASOUND	54.01	0.154392	5,282	815	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.212386	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.288952	5,973	1,726	14.00
15.00	CT SCAN	57.00	0.048154	30,429	1,465	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094131	2,920	275	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.228541	278,982	63,759	17.00
18.00	LABORATORY	60.00	0.118740	256,124	30,412	18.00
18.01	HLA LAB	60.01	0.131318	487,221	63,981	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258818	49,442	12,796	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.319745	6,228	1,991	23.00
24.00	PHYSICAL THERAPY	66.00	0.355222	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.351454	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.463766	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.099614	243,579	24,264	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.164279	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.394887	6,515	2,573	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.476731	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.365722	2,584	945	31.00
32.00	RENAL DIALYSIS	74.00	0.240831	1,732	417	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.255896	3,104	794	34.00
34.01	OB/GYN IN VITRO	76.01	0.813819	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.354584	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.485400	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.589698	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.341208	0	0	37.01
38.00	EMERGENCY	91.00	0.227866	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.345239	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,446,900	222,141	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Heart D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	2	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	2	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	227,404		1,455,631		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,381,406		2,198,837		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,608,810		3,654,468		61.00
62.00	Total Usable Organs (see instructions)		35			62.00
63.00	Medicare Usable Organs (see instructions)		14			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.400000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,043,524		1,461,787		65.00
66.00	Revenue for Organs Sold	5,906		5,906		66.00
67.00	Subtotal (line 65 minus line 66)	1,037,618		1,455,881		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,037,618	0	1,455,881	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	35		73.00
74.00	Total (sum of lines 70 thru 73)	0	35		74.00
75.00	Organs Transplanted	0	35	2,198,837	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	5,906	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	35		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Lung		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	18,492	967.50	18	17,415	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,893	1,547.00	1	1,547	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,663.93	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	1,038	1,795.15	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	1,779	1,626.53	1	1,627	6.01
6.02	CARDIO-THORACIC ICU	47.02	2,595	1,878.11	1	1,878	6.02
7.00	TOTAL (sum of lines 1-6)		27,797		21	22,467	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.295874	25,376	7,508	8.00
9.00	RECOVERY ROOM	51.00	0.382505	818	313	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.052498	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.115081	6,157	709	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.223552	100,516	22,471	12.00
12.01	ULTRASOUND	54.01	0.154392	24,450	3,775	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.212386	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.288952	553,172	159,840	14.00
15.00	CT SCAN	57.00	0.048154	240,942	11,602	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094131	23,619	2,223	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.228541	824,614	188,458	17.00
18.00	LABORATORY	60.00	0.118740	892,235	105,944	18.00
18.01	HLA LAB	60.01	0.131318	655,042	86,019	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258818	267,327	69,189	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.319745	112,759	36,054	23.00
24.00	PHYSICAL THERAPY	66.00	0.355222	809	287	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.351454	150	53	25.00
26.00	SPEECH PATHOLOGY	68.00	0.463766	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.099614	239,558	23,863	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.164279	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.394887	21,511	8,494	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.476731	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.365722	30,897	11,300	31.00
32.00	RENAL DIALYSIS	74.00	0.240831	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.255896	12,215	3,126	34.00
34.01	OB/GYN IN VITRO	76.01	0.813819	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.354584	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.485400	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.589698	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.341208	0	0	37.01
38.00	EMERGENCY	91.00	0.227866	3,413	778	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.345239	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			4,035,580	742,006	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Lung D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	18	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	1	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	1	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			21	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	3,413	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		3,413		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	764,473		4,063,377		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,309,157		5,588,943		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,073,630		9,652,320		61.00
62.00	Total Usable Organs (see instructions)		133			62.00
63.00	Medicare Usable Organs (see instructions)		69			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.518797			64.00
65.00	Medicare Cost/Charges (see instructions)	3,150,981		5,007,595		65.00
66.00	Revenue for Organs Sold	27,058		27,058		66.00
67.00	Subtotal (line 65 minus line 66)	3,123,923		4,980,537		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,123,923	0	4,980,537	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	2		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	131		73.00
74.00	Total (sum of lines 70 thru 73)	0	133		74.00
75.00	Organs Transplanted	0	131	5,588,943	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	2	27,058	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	133		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Pancreas		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	967.50	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,547.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,663.93	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,795.15	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	371	1,626.53	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,878.11	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		371		0	0	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.295874	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.382505	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.052498	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.115081	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.223552	105	23	12.00
12.01	ULTRASOUND	54.01	0.154392	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.212386	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.288952	0	0	14.00
15.00	CT SCAN	57.00	0.048154	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094131	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.228541	0	0	17.00
18.00	LABORATORY	60.00	0.118740	2,194	261	18.00
18.01	HLA LAB	60.01	0.131318	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258818	170	44	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.319745	497	159	23.00
24.00	PHYSICAL THERAPY	66.00	0.355222	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.351454	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.463766	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.099614	30	3	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.164279	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.394887	44	17	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.476731	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.365722	37	14	31.00
32.00	RENAL DIALYSIS	74.00	0.240831	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.255896	0	0	34.00
34.01	OB/GYN IN VITRO	76.01	0.813819	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.354584	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.485400	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.589698	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.341208	0	0	37.01
38.00	EMERGENCY	91.00	0.227866	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.345239	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			3,077	521	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Pancreas D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	521		3,448		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	856,769		1,008,817		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	857,290		1,012,265		61.00
62.00	Total Usable Organs (see instructions)		17			62.00
63.00	Medicare Usable Organs (see instructions)		10			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.588235			64.00
65.00	Medicare Cost/Charges (see instructions)	504,288		595,450		65.00
66.00	Revenue for Organs Sold	2,415		2,415		66.00
67.00	Subtotal (line 65 minus line 66)	501,873		593,035		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	501,873	0	593,035	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	17		73.00
74.00	Total (sum of lines 70 thru 73)	0	17		74.00
75.00	Organs Transplanted	0	17	1,008,817	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	2,415	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	17		84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	187,011,023	1.00
2.00	Outlier payments for discharges. (see instructions)	21,841,486	2.00
2.01	Outlier reconciliation amount	0	2.01
3.00	Managed Care Simulated Payments	22,511,294	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,191.27	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)	563.66	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)	52.59	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	-9.79	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)	606.46	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	661.02	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)	606.46	12.00
13.00	Total allowable FTE count for the prior year.	606.85	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.	611.46	14.00
15.00	Sum of lines 12 through 14 divided by 3.	608.26	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	608.26	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.510598	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.513842	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.510598	21.00
22.00	IME payment adjustment (see instructions)	51,431,862	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)	54.56	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)	51,431,862	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	8.66	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	22.82	31.00
32.00	Sum of lines 30 and 31	31.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)	15.19	33.00
34.00	Disproportionate share adjustment (see instructions)	28,406,974	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 an 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 an 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)	288,691,345	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)	288,691,345	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	21,069,707	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).	22,146,093	52.00
53.00	Nursing and Allied Health Managed Care payment	722,083	53.00
54.00	Special add-on payments for new technologies	46,396	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	15,788,583	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: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 3:23 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).	1,914,774	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	146,458	58.00
59.00	Total (sum of amounts on lines 49 through 58)	350,525,439	59.00
60.00	Primary payer payments	74,698	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	350,450,741	61.00
62.00	Deductibles billed to program beneficiaries	12,959,419	62.00
63.00	Coinsurance billed to program beneficiaries	2,048,013	63.00
64.00	Allowable bad debts (see instructions)	5,187,125	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	3,630,988	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,527,113	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	339,074,297	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	20,917	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)	-31,478	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)	-479,553	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)	338,542,349	71.00
72.00	Interim payments	338,119,071	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)	423,278	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	1,475,000	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: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	340,056	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	85,723,436	2.00
3.00	PPS payments	77,291,455	3.00
4.00	Outlier payment (see instructions)	284,617	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	59,754	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	340,056	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	844,968	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)	844,968	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 chargebasis 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)	844,968	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	504,912	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)	340,056	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)	77,635,826	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	162,737	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	16,303,236	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)	61,509,909	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	5,312,325	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)	66,822,234	30.00
31.00	Primary payer payments	10,536	31.00
32.00	Subtotal (line 30 minus line 31)	66,811,698	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)	1,515,141	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,060,599	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	563,133	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	67,872,297	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)	67,872,297	40.00
41.00	Interim payments	67,635,856	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)	236,441	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	20	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	763,927	2.00
3.00	PPS payments	747,267	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	411	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	20	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	56	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)	56	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 chargebasis 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)	56	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	36	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)	20	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)	747,678	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)	168,639	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)	579,059	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	579,059	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	579,059	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	579,059	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)	579,059	40.00
41.00	Interim payments	578,628	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)	431	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/28/2013 3:23 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		337,907,871		67,095,156	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	07/17/2012	211,200	07/17/2012	540,700	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)		211,200		540,700	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)		338,119,071		67,635,856	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		423,278		236,441	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		338,542,349		67,872,297	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: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,819,495		578,628	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)		2,819,495		578,628	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		431	6.01
6.02	SETTLEMENT TO PROGRAM		4,906		0	6.02
7.00	Total Medicare program liability (see instructions)		2,814,589		579,059	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: 260032 Component CCN: 265439	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Skilled Nursing Facility	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		5,328,028		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		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	07/17/2012	37,200		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)		37,200		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)		5,365,228		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		84,304		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,449,532		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	2,607,182	1.00
2.00	Net IPF PPS Outlier Payments	292,846	2.00
3.00	Net IPF PPS ECT Payments	36,438	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	4.26	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	9.33	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	4.26	8.00
9.00	Average Daily Census (see instructions)	35.789617	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.059628	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	155,461	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	3,091,927	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	3,091,927	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	3,091,927	18.00
19.00	Deductibles	279,388	19.00
20.00	Subtotal (line 18 minus line 19)	2,812,539	20.00
21.00	Coinsurance	61,190	21.00
22.00	Subtotal (line 20 minus line 21)	2,751,349	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	2,751,349	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	63,240	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	2,814,589	31.00
32.00	Interim payments	2,819,495	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	-4,906	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	292,846	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: 260032 Component CCN: 265439	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	6,185,660	1.00
2.00	Routine service other pass through costs	2,541	2.00
3.00	Ancillary service other pass through costs	2,186	3.00
4.00	Subtotal (sum of lines 1 through 3)	6,190,387	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	1,055,717	7.00
8.00	Allowable bad debts (see instructions)	327,460	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	285,468	9.00
10.00	Allowable reimbursable bad debts (see instructions)	314,862	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	5,449,532	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	5,449,532	15.00
16.00	Interim payments	5,365,228	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	84,304	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 3:23 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	86,568,471		1.00
2.00	Medical and other services		28,825,327	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	86,568,471	28,825,327	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)	86,568,471	28,825,327	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	44,966,328		8.00
9.00	Ancillary service charges	192,457,808	129,250,040	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)	237,424,136	129,250,040	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)	237,424,136	129,250,040	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	150,855,665	100,424,713	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)	86,568,471	28,825,327	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)	86,568,471	28,825,327	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)	86,568,471	28,825,327	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	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)	86,568,471	28,825,327	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	86,568,471	28,825,327	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	14,253,651		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	100,822,122	28,825,327	40.00
41.00	Interim payments	43,238,688	19,812,007	41.00
42.00	Balance due provider/program (line 40 minus 41)	57,583,434	9,013,320	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Subprovider - IPF	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	5,180,903		1.00
2.00	Medical and other services		323,864	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	5,180,903	323,864	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)	5,180,903	323,864	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	4,068,371		8.00
9.00	Ancillary service charges	3,150,725	1,182,838	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)	7,219,096	1,182,838	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)	7,219,096	1,182,838	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,038,193	858,974	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)	5,180,903	323,864	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)	5,180,903	323,864	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)	5,180,903	323,864	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	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)	5,180,903	323,864	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	5,180,903	323,864	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)	5,180,903	323,864	40.00
41.00	Interim payments	4,955,818	67,024	41.00
42.00	Balance due provider/program (line 40 minus 41)	225,085	256,840	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Nursing Facility	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	1,099,096		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)	1,099,096	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)	1,099,096	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	534,301		8.00
9.00	Ancillary service charges	24,475	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)	558,776	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)	558,776	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	540,320	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)	558,776	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)	558,776	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	540,320	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	558,776	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	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)	558,776	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	558,776	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)	558,776	0	40.00
41.00	Interim payments	557,395	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	1,381	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	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.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			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))			-8.72	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			627.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			673.13	6.00
7.00	Enter the lesser of line 5 or line 6			627.90	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.	164.57	436.21	600.78	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.	153.51	406.90	560.41	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	153.51	406.90		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	153.17	407.79		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	161.31	409.45		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	156.00	408.05		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	156.00	408.05		17.00
18.00	Per resident amount	121,421.67	114,975.62		18.00
19.00	Approved amount for resident costs	18,941,781	46,915,802	65,857,583	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)			45.23	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)			65,857,583	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	116,797	13,668		26.00
27.00	Total Inpatient Days (see instructions)	308,281	308,281		27.00
28.00	Ratio of inpatient days to total inpatient days	0.378865	0.044336		28.00
29.00	Program direct GME amount	24,951,133	2,919,862		29.00
30.00	Reduction for direct GME payments for Medicare managed care		412,577		30.00
31.00	Net Program direct GME amount			27,458,418	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 3:23 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)	1,463	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	20,455,072	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000072	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)	346,459,464	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	15,788,583	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)	74,698	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	362,173,349	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	86,887,604	42.00
43.00	Primary payer payments (see instructions)	10,536	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	86,877,068	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	449,050,417	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.806532	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.193468	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	27,458,418	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	22,146,093	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	5,312,325	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Hospital	Cost

				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.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			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))			-8.72	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			627.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			673.13	6.00
7.00	Enter the lesser of line 5 or line 6			627.90	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.	164.57	436.21	600.78	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.	153.51	406.90	560.41	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	153.51	406.90		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	153.17	407.79		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	161.31	409.45		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	156.00	408.05		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	156.00	408.05		17.00
18.00	Per resident amount	121,421.67	114,975.62		18.00
19.00	Approved amount for resident costs	18,941,781	46,915,802	65,857,583	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)			45.23	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)			65,857,583	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	38,645	32,697		26.00
27.00	Total Inpatient Days (see instructions)	308,281	308,281		27.00
28.00	Ratio of inpatient days to total inpatient days	0.125356	0.106062		28.00
29.00	Program direct GME amount	8,255,643	6,984,987		29.00
30.00	Reduction for direct GME payments for Medicare managed care		986,979		30.00
31.00	Net Program direct GME amount			14,253,651	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 3:23 pm
	Title XIX	Hospital	Cost

		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)	0	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)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,253,651	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 260032

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

Worksheet G

Date/Time Prepared: 5/28/2013 3:23 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	103,585	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	547,375,575	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-310,662,267	0	0	0	6.00
7.00	Inventory	49,781,721	0	0	0	7.00
8.00	Prepaid expenses	2,799,169	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	13,256,996	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	302,654,779	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	20,677,877	0	0	0	12.00
13.00	Land improvements	13,994,965	0	0	0	13.00
14.00	Accumulated depreciation	-6,961,262	0	0	0	14.00
15.00	Buildings	370,204,493	0	0	0	15.00
16.00	Accumulated depreciation	-214,058,512	0	0	0	16.00
17.00	Leasehold improvements	118,597,890	0	0	0	17.00
18.00	Accumulated depreciation	-22,085,026	0	0	0	18.00
19.00	Fixed equipment	561,832,962	0	0	0	19.00
20.00	Accumulated depreciation	-404,012,451	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	546,452,914	0	0	0	23.00
24.00	Accumulated depreciation	-448,236,495	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)	536,407,355	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	11,491,199	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	216,759,005	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	228,250,204	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,067,312,338	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	40,440,212	0	0	0	37.00
38.00	Salaries, wages, and fees payable	63,239,778	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	50,122,441	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	153,802,431	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,215,952	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	11,215,952	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	165,018,383	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	902,293,955				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)	902,293,955	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,067,312,338	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-1 | Date/Time Prepared: 5/28/2013 3:23 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		1,568,015,102		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		70,501,159				2.00
3.00	Total (sum of line 1 and line 2)		1,638,516,261		0		3.00
4.00	ROUNDING	1		0		0	4.00
5.00	CHANGE IN 2011 ENDING BALANCE PER FS	2,886,968		0		0	5.00
6.00	TEMPORARILY RESTRICTED NET ASSETS	1,742,865		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)		4,629,834		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,643,146,095		0		11.00
12.00	TRANSFER TO BJC	740,852,140		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)		740,852,140		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		902,293,955		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	ROUNDING		0		4.00
5.00	CHANGE IN 2011 ENDING BALANCE PER FS		0		5.00
6.00	TEMPORARILY RESTRICTED NET ASSETS		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	TRANSFER TO BJC		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: 260032 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/28/2013 3:23 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	303,126,000		303,126,000	1.00
2.00	SUBPROVIDER - IPF	12,467,196		12,467,196	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	10,874,258		10,874,258	7.00
8.00	NURSING FACILITY	711,189		711,189	8.00
9.00	OTHER LONG TERM CARE	1,854,862		1,854,862	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	329,033,505		329,033,505	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	24,251,663		24,251,663	11.00
12.00	CORONARY CARE UNIT	11,785,752		11,785,752	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	21,481,287		21,481,287	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO-ICU	16,338,721		16,338,721	15.01
15.02	CARDIO-THORACIC ICU	17,889,961		17,889,961	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	91,747,384		91,747,384	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	420,780,889		420,780,889	17.00
18.00	Ancillary services	1,949,692,742	1,387,679,868	3,337,372,610	18.00
19.00	Outpatient services	69,959,940	126,979,653	196,939,593	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,440,433,571	1,514,659,521	3,955,093,092	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,401,601,175		29.00
30.00	DIVISION 801 - BJC OVERHEAD ALLOCATI	123,252,997			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)		123,252,997		36.00
37.00	NON-OPERATING DEPARTMENTS	5,566,837			37.00
38.00	ROUNDING	5			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)		5,566,842		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,519,287,330		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet G-3 Date/Time Prepared: 5/28/2013 3:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,955,093,092	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,433,363,668	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,521,729,424	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,519,287,330	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,442,094	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	4,518,431	6.00
7.00	Income from investments	10,463,399	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	4,102,924	12.00
13.00	Revenue from laundry and linen service	30,000	13.00
14.00	Revenue from meals sold to employees and guests	13,143,130	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	-268	16.00
17.00	Revenue from sale of drugs to other than patients	2,145,589	17.00
18.00	Revenue from sale of medical records and abstracts	1,239,001	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	21,283,467	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	730,198	20.00
21.00	Rental of vending machines	305,288	21.00
22.00	Rental of hospital space	3,568,110	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	6,529,796	24.00
25.00	Total other income (sum of lines 6-24)	68,059,065	25.00
26.00	Total (line 5 plus line 25)	70,501,159	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	70,501,159	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260032	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 3:23 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	14,953,808	1.00
2.00	Capital DRG outlier payments	1,584,895	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	806.51	3.00
4.00	Number of interns & residents (see instructions)	608.26	4.00
5.00	Indirect medical education percentage (see instructions)	23.72	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	3,547,043	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	8.66	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	22.82	8.00
9.00	Sum of lines 7 and 8	31.48	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.58	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	983,961	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	21,069,707	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