

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/31/2013 3:07 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2013	Time: 3:07 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY'S HEALTH CENTER ( 260091 ) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	389,183	293,952	0	0	1.00
2.00 Subprovider - IPF	0	33,367	3		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	422,550	293,955	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 3:06 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 6420 CLAYTON ROAD	PO Box:	1.00	2.00
2.00	City: ST. LOUIS	State: MO	Zip Code: 63117-	County: ST. LOUIS

	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	ST. MARY'S HEALTH CENTER	260091	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ST. MARY'S HEALTH CENTER - PSYCH	26S091	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									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	ST. MARY'S HEALTH CENTER - ESRD	262320	41180		03/01/1998				18.00
19.00	Other									19.00

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

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
								1.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	18,117	8,686	18,034	549	26,219	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 3:06 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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
<b>Teaching Hospitals</b>						
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
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 260091

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 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	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
			1.00	2.00	3.00	

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 3:06 pm	
		1.00	2.00	3.00			
<b>Inpatient Psychiatric Facility PPS</b>							
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
<b>Inpatient Rehabilitation Facility PPS</b>							
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		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00
<b>TEFRA Providers</b>							
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				
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00			97.00
<b>Rural Providers</b>							
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		
		1.00	2.00	3.00			
<b>Miscellaneous Cost Reporting Information</b>							
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: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 3:06 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,510,722	1,597,854		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
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.		03/01/1985		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.		09/01/2000		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.		09/01/2000		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
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	269020	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: SSM HEALTH CARE ST. LOUIS	Contractor's Name: SSM HEALTH CARE ST. LOUIS		Contractor's Number: 05301	
142.00	Street: 477 NORTH LINDBERGH	PO Box:			
143.00	City: ST. LOUIS	State: MO		Zip Code: 63141	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 3:06 pm	
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
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: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/31/2013 3:06 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/17/2013	Y	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)	N		N	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.	Y		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: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/31/2013 3:06 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
1.00					
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
Y/N					Date
1.00					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
1.00					2.00
<b>Cost Report Preparer Contact Information</b>					
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.	PATRICIA		FRILEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3296		PATRICIA_FRILEY@SSMHC.COM	43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
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)	04/17/2013		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)			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	
<b>Cost Report Preparer Contact Information</b>				
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 SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	378	138,348	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)		378	138,348	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,784	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	19	6,954	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	10	3,660	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	84	30,744	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		515	188,490	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						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		561				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	20,463	11,890	82,602			1.00
2.00 HMO	10,279	51,312				2.00
3.00 HMO IPF Subprovider	334	474				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,463	11,890	82,602			7.00
8.00 INTENSIVE CARE UNIT	2,825	1,051	6,351			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	73	619	4,936			8.01
9.00 CORONARY CARE UNIT	668	245	2,675			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	4,168	28,253			12.00
13.00 NURSERY		699	5,792			13.00
14.00 Total (see instructions)	24,029	18,672	130,609	173.93	2,986.63	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,911	5,100	15,069	0.33	74.09	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				174.26	3,060.72	27.00
28.00 Observation Bed Days		618	7,093			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,807			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		1,621	2,304			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	4,585	2,978	19,252	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
8.01 PEDIATRIC INTENSIVE CARE UNIT						8.01
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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,585	2,978	19,252	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	364	742	1,704	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/31/2013 3:06 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	198,201,474	0	198,201,474	6,431,129.88	30.82	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		584,551	0	584,551	5,274.85	110.82	4.00
4.01	Physicians - Part A - Teaching		603,119	0	603,119	5,829.22	103.46	4.01
5.00	Physician-Part B		4,434,362	0	4,434,362	41,333.37	107.28	5.00
6.00	Non-physician-Part B		1,300,396	0	1,300,396	24,848.22	52.33	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,649,772	1,649,772	64,823.47	25.45	7.00
7.01	Contracted interns and residents (in an approved programs)		10,975,596	0	10,975,596	307,444.80	35.70	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		12,237,832	539,727	12,777,559	343,261.79	37.22	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		12,965,512	0	12,965,512	352,232.74	36.81	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		7,799,188	0	7,799,188	63,708.76	122.42	13.00
14.00	Home office salaries & wage-related costs		32,378,765	0	32,378,765	503,382.86	64.32	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		12,928,442	0	12,928,442	98,018.36	131.90	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		71,426,474	0	71,426,474			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		3,643,486	0	3,643,486			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		121,929	0	121,929			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		955,086	0	955,086			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		540,935	0	540,935			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits	4.00	313,588	0	313,588	14,970.71	20.95	26.00
27.00	Administrative & General	5.00	27,579,990	-778,282	26,801,708	788,232.97	34.00	27.00
28.00	Administrative & General under contract (see inst.)		2,299,909	0	2,299,909	15,418.88	149.16	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,992,262	0	2,992,262	101,054.70	29.61	30.00
31.00	Laundry & Linen Service	8.00	289,383	0	289,383	19,933.88	14.52	31.00
32.00	Housekeeping	9.00	4,111,141	0	4,111,141	307,157.62	13.38	32.00
33.00	Housekeeping under contract (see instructions)		1,062	0	1,062	72.00	14.75	33.00
34.00	Dietary	10.00	3,352,591	-2,298,502	1,054,089	78,722.94	13.39	34.00
35.00	Dietary under contract (see instructions)		672,200	0	672,200	30,722.00	21.88	35.00
36.00	Cafeteria	11.00	0	2,298,502	2,298,502	171,659.83	13.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,687,069	0	5,687,069	176,553.26	32.21	38.00
39.00	Central Services and Supply	14.00	1,025,976	0	1,025,976	55,314.82	18.55	39.00
40.00	Pharmacy	15.00	6,557,214	-6,301,322	255,892	11,297.64	22.65	40.00
41.00	Medical Records & Medical Records Library	16.00	3,005,969	0	3,005,969	144,080.33	20.86	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260091

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2013 3:06 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	2,628,077	41,022	2,669,099	77,812.94	34.30	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260091

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2013 3:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	183,861,172	-1,649,772	182,211,400	6,033,063.68	30.20	1.00
2.00	Excluded area salaries (see instructions)	12,237,832	539,727	12,777,559	343,261.79	37.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	171,623,340	-2,189,499	169,433,841	5,689,801.89	29.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	53,143,465	0	53,143,465	919,324.36	57.81	4.00
5.00	Subtotal wage-related costs (see inst.)	71,548,403	0	71,548,403	0.00	42.23	5.00
6.00	Total (sum of lines 3 thru 5)	296,315,208	-2,189,499	294,125,709	6,609,126.25	44.50	6.00
7.00	Total overhead cost (see instructions)	60,516,431	-7,038,582	53,477,849	1,993,004.52	26.83	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2013 3:06 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,288,649 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			10,932,130 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			42,683,319 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,091,885 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			577,658 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			58,740 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			895,104 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,242,155 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			11,947,221 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			152,220 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			557,695 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			71,426,776 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260091

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	13,060,257	0	1.00
2.00	Hospital	12,965,512	0	2.00
3.00	Subprovider - IPF	94,745	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			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

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis		
		1.00	2.00	3.00	4.00	5.00		
1.00	Number of patients in program at end of cost reporting period	5	1	0	4	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	3.00	0.00	3.00	0.00	2.00	
3.00	Average patient dialysis time including setup	5.00	5.00	0.00	5.00		3.00	
4.00	CAPD exchanges per day				0.00		4.00	
5.00	Number of days in year dialysis furnished	366	366				5.00	
6.00	Number of stations	4	4	0	4		6.00	
7.00	Treatment capacity per day per station	2	2				7.00	
8.00	Utilization (see instructions)	26.37	26.37				8.00	
9.00	Average times dialyzers re-used	0.00	0.00				9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00	
<b>TRANSPLANT INFORMATION</b>								
11.00	Number of patients on transplant list	6					11.00	
12.00	Number of patients transplanted during the cost reporting period	3					12.00	
<b>EPOETIN</b>								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	504					13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department	857					15.00	
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00	
<b>ARANESP</b>								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00	
						MCP	INITIAL METHOD	
						1.00	2.00	
<b>PHYSICIAN PAYMENT METHOD</b>								
21.00	enter "X" if method(s) is applicable						X	21.00

		Home		
		CAPD / CCPD		
		6.00		
1.00	Number of patients in program at end of cost reporting period		5	1.00
2.00	Number of times per week patient receives dialysis		12.00	2.00
3.00	Average patient dialysis time including setup			3.00
4.00	CAPD exchanges per day		0.00	4.00
5.00	Number of days in year dialysis furnished			5.00
6.00	Number of stations			6.00
7.00	Treatment capacity per day per station			7.00
8.00	Utilization (see instructions)			8.00
9.00	Average times dialyzers re-used			9.00
10.00	Percentage of patients re-using dialyzers			10.00
<b>TRANSPLANT INFORMATION</b>				
11.00	Number of patients on transplant list			11.00
12.00	Number of patients transplanted during the cost reporting period			12.00
<b>EPOETIN</b>				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
<b>ARANESP</b>				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/31/2013 3:06 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.261926		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		185,583,677		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		36,859,674		5.00
6.00	Medicaid charges		657,757,510		6.00
7.00	Medicaid cost (line 1 times line 6)		172,283,794		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
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		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	40,158,756	13,685,135	53,843,891	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,518,622	3,584,493	14,103,115	21.00
22.00	Partial payment by patients approved for charity care	77,294	151,937	229,231	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,441,328	3,432,556	13,873,884	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)		26,827,397		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,432,568		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		25,394,829		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,651,566		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		20,525,450		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,525,450		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/31/2013 3:06 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		12,042,901		0	12,042,901	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		11,023,344		0	11,023,344	2.00
4.00	00400	EMPLOYEE BENEFITS	313,588	54,554,754		0	54,868,342	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,579,990	67,950,076		39,173,023	134,703,089	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,045,706		0	4,045,706	6.00
7.00	00700	OPERATION OF PLANT	2,992,262	10,422,439		0	13,414,701	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	289,383	1,503,888		0	1,793,271	8.00
9.00	00900	HOUSEKEEPING	4,111,141	2,611,934		0	6,723,075	9.00
10.00	01000	DIETARY	3,352,591	7,345,416		-7,343,260	3,354,747	10.00
11.00	01100	CAFETERIA	0	0		7,343,260	7,343,260	11.00
13.00	01300	NURSING ADMINISTRATION	5,687,069	975,379		0	6,662,448	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,025,976	42,717,395		-41,231,570	2,511,801	14.00
15.00	01500	PHARMACY	6,557,214	34,330,007		-39,668,451	1,218,770	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,005,969	1,136,134		0	4,142,103	16.00
17.00	01700	SOCIAL SERVICE	2,628,077	232,587		56,877	2,917,541	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		1,649,772	1,649,772	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,497,371	41,748,389		-20,428,525	24,817,235	22.00
23.00	02300	PARAMED ED PRGM	323,223	10,860		260,162	594,245	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	36,061,540	4,913,912		3,956,463	44,931,915	30.00
31.00	03100	INTENSIVE CARE UNIT	4,399,424	820,090		-477,344	4,742,170	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	3,842,168	1,071,096		-252,175	4,661,089	31.01
32.00	03200	CORONARY CARE UNIT	1,579,895	170,913		-77,840	1,672,968	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	15,684,257	1,895,280		677,851	18,257,388	35.00
40.00	04000	SUBPROVIDER - I/PF	4,276,423	533,513		488,545	5,298,481	40.00
43.00	04300	NURSERY	0	0		514,522	514,522	43.00
45.00	04500	NURSING FACILITY	0	0		0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,308,538	19,716,856		-10,562,472	17,462,922	50.00
51.00	05100	RECOVERY ROOM	3,695,967	261,928		-144,225	3,813,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		3,611,376	3,611,376	52.00
53.00	05300	ANESTHESIOLOGY	235,827	4,865,510		256,232	5,357,569	53.00
53.01	05301	PAIN MANAGEMENT	546,326	297,904		-31,191	813,039	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,317,571	3,513,367		-1,237,836	7,593,102	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,435,125	1,626,207		63,061	3,124,393	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	809,442	1,141,820		0	1,951,262	55.01
56.00	05600	RADIOISOTOPE	0	0		0	0	56.00
56.01	05601	ULTRA SOUND	747,739	77,820		-53,698	771,861	56.01
57.00	05700	CT SCAN	0	0		0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,558,224	6,659,536		-6,362,447	1,855,313	59.00
60.00	06000	LABORATORY	3,479,008	7,313,281		149,724	10,942,013	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,365,674	1,610,644		49,378	3,025,696	60.01
60.02	06003	LAB-STEM CELL	0	5,223		0	5,223	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,742,491	2,897,793		-702	4,639,582	63.00
64.00	06400	INTRAVENOUS THERAPY	2,167,266	857,107		-43,007	2,981,366	64.00
65.00	06500	RESPIRATORY THERAPY	3,590,164	2,723,125		-49,879	6,263,410	65.00
65.01	06501	SLEEP DISORDER	669,584	426,887		17,844	1,114,315	65.01
66.00	06600	PHYSICAL THERAPY	634,849	697,508		0	1,332,357	66.00
67.00	06700	OCCUPATIONAL THERAPY	412,321	200,917		-9,974	603,264	67.00
68.00	06800	SPEECH PATHOLOGY	835,888	219,154		-3,223	1,051,819	68.00
69.00	06900	ELECTROCARDIOLOGY	1,386,995	497,038		673,077	2,557,110	69.00
69.01	06901	CARDIAC REHAB	421,392	4,670		9,073	435,135	69.01
69.02	06902	VASCULAR LAB	232,962	87,035		0	319,997	69.02
69.03	06903	ENDOSCOPY	1,980,680	1,254,197		-720,794	2,514,083	69.03
69.04	06904	CLINICAL NUTRITION	709,716	5,781		-15,947	699,550	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	361,810	32,951		560,827	955,588	70.00
70.01	07001	ECT	186,761	22,560		12,675	221,996	70.01
70.02	07002	PSYCHOTHERAPY	529,700	417,313		129,271	1,076,284	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		18,089,324	18,089,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		11,746,083	11,746,083	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		38,183,737	38,183,737	73.00
74.00	07400	RENAL DIALYSIS	278,274	1,021,449		101,199	1,400,922	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	10,637,149	2,896,854		-189,402	13,344,601	90.00
91.00	09100	EMERGENCY	9,078,284	2,022,279		488,804	11,589,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A  
Date/Time Prepared:  
5/31/2013 3:06 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		
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	268,753	268,753	105.00
106.00	10600	HEART ACQUISITION	0	0	0	104,432	104,432	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	114,878	114,878	107.00
113.00	11300	INTEREST EXPENSE		2,110,616	2,110,616	0	2,110,616	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	190,563,288	367,541,343	558,104,631	-153,739	557,950,892	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63,677	288,815	352,492	0	352,492	190.00
191.00	19100	RESEARCH	0	212,627	212,627	0	212,627	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	559,217	838,109	1,397,326	0	1,397,326	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	1,457	1,457	153,739	155,196	194.01
194.02	07952	POISON CONTROL	1,819,401	296,961	2,116,362	0	2,116,362	194.02
194.03	07953	COMMUNITY EDUCATION	243,341	221,527	464,868	0	464,868	194.03
194.04	07954	BILLABLE DEPARTMENTS	1,524,485	-205,369	1,319,116	0	1,319,116	194.04
194.05	07955	MISC NONREIMBURSABLE	2,817,401	4,146,471	6,963,872	0	6,963,872	194.05
194.06	07956	RETAIL PHARMACY	610,664	3,613,541	4,224,205	0	4,224,205	194.06
200.00		TOTAL (SUM OF LINES 118-199)	198,201,474	376,955,482	575,156,956	0	575,156,956	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	988,851	13,031,752	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,540,194	15,563,538	2.00
4.00	00400	EMPLOYEE BENEFITS	-10,600,290	44,268,052	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,600,796	117,102,293	5.00
6.00	00600	MAINTENANCE & REPAIRS	-1,716,714	2,328,992	6.00
7.00	00700	OPERATION OF PLANT	-309,140	13,105,561	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-88,092	1,705,179	8.00
9.00	00900	HOUSEKEEPING	-24,396	6,698,679	9.00
10.00	01000	DIETARY	-333	3,354,414	10.00
11.00	01100	CAFETERIA	-4,706,001	2,637,259	11.00
13.00	01300	NURSING ADMINISTRATION	-245,177	6,417,271	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-541,925	1,969,876	14.00
15.00	01500	PHARMACY	-1,197	1,217,573	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-23,469	4,118,634	16.00
17.00	01700	SOCIAL SERVICE	-24,785	2,892,756	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,649,772	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-4,120,258	20,696,977	22.00
23.00	02300	PARAMED PRGM	-128	594,117	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-13,642,113	31,289,802	30.00
31.00	03100	INTENSIVE CARE UNIT	-219,275	4,522,895	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	-4,573	4,656,516	31.01
32.00	03200	CORONARY CARE UNIT	-105	1,672,863	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-148,739	18,108,649	35.00
40.00	04000	SUBPROVIDER - IPF	-199,159	5,099,322	40.00
43.00	04300	NURSERY	0	514,522	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-626,938	16,835,984	50.00
51.00	05100	RECOVERY ROOM	-8,444	3,805,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,611,376	52.00
53.00	05300	ANESTHESIOLOGY	-3,667,933	1,689,636	53.00
53.01	05301	PAIN MANAGEMENT	-47,041	765,998	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-555,445	7,037,657	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-247,980	2,876,413	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	-66,406	1,884,856	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ULTRASOUND	-24,687	747,174	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-16,713	1,838,600	59.00
60.00	06000	LABORATORY	-2,402,643	8,539,370	60.00
60.01	06001	ANATOMICAL PATHOLOGY	-333,187	2,692,509	60.01
60.02	06003	LAB-STEM CELL	0	5,223	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-195,749	4,443,833	63.00
64.00	06400	INTRAVENOUS THERAPY	-73,718	2,907,648	64.00
65.00	06500	RESPIRATORY THERAPY	-34,639	6,228,771	65.00
65.01	06501	SLEEP DISORDER	-8,659	1,105,656	65.01
66.00	06600	PHYSICAL THERAPY	-682	1,331,675	66.00
67.00	06700	OCCUPATIONAL THERAPY	-750	602,514	67.00
68.00	06800	SPEECH PATHOLOGY	-2,546	1,049,273	68.00
69.00	06900	ELECTROCARDIOLOGY	-389,280	2,167,830	69.00
69.01	06901	CARDIAC REHAB	-3,365	431,770	69.01
69.02	06902	VASCULAR LAB	-110,300	209,697	69.02
69.03	06903	ENDOSCOPY	-20,355	2,493,728	69.03
69.04	06904	CLINICAL NUTRITION	-31,451	668,099	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	-7,621	947,967	70.00
70.01	07001	ECT	-6,822	215,174	70.01
70.02	07002	PSYCHOTHERAPY	-397,812	678,472	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-352,963	17,736,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,746,083	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-9,189,283	28,994,454	73.00
74.00	07400	RENAL DIALYSIS	-1,904	1,399,018	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-3,213,956	10,130,645	90.00
91.00	09100	EMERGENCY	-28,853	11,560,514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	268,753	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A  
Date/Time Prepared:  
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	104,432	106.00
107.00	10700	LIVER ACQUISITION	0	114,878	107.00
113.00	11300	INTEREST EXPENSE	-2,110,616	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-72,866,361	485,084,531	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	352,492	190.00
191.00	19100	RESEARCH	0	212,627	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,397,326	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	FOUNDATION	0	155,196	194.01
194.02	07952	POISON CONTROL	0	2,116,362	194.02
194.03	07953	COMMUNITY EDUCATION	0	464,868	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	1,319,116	194.04
194.05	07955	MISC NONREIMBURSABLE	0	6,963,872	194.05
194.06	07956	RETAIL PHARMACY	0	4,224,205	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-72,866,361	502,290,595	200.00

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2013 3:06 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - TO RECLASS PHARMACY COSTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	6,121,876	32,061,861	1.00
	TOTALS		6,121,876	32,061,861	
<b>B - TO RECLASS BEHAVIORAL MEDICINE</b>					
1.00	PSYCHOTHERAPY	70.02	72,953	26,808	1.00
2.00	SOCIAL SERVICE	17.00	43,122	15,855	2.00
3.00	EMERGENCY	91.00	129,366	47,566	3.00
4.00	SUBPROVIDER - IPF	40.00	318,733	117,126	4.00
	TOTALS		564,174	207,355	
<b>C - RECLASS DIETARY</b>					
1.00	CAFETERIA	11.00	2,298,502	5,044,758	1.00
	TOTALS		2,298,502	5,044,758	
<b>D - RECLASS PHARMACY PARAMEDICAL COSTS</b>					
1.00	PARAMEDICAL PRGM	23.00	176,520	83,642	1.00
	TOTALS		176,520	83,642	
<b>E - RECLASS RENTAL PARKING CATCH FOUND</b>					
1.00	FOUNDATION	194.01	0	153,739	1.00
	TOTALS		0	153,739	
<b>F - TO RECLASS FRA EXPENSE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	41,382,287	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	41,382,287	
<b>G - TO UPDATE LABOR AND DELIVERY COSTS</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,567,634	751,655	1.00
	TOTALS		2,567,634	751,655	
<b>H - RECLASS TRANSPORT COSTS</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	291,621	466	1.00
	TOTALS		291,621	466	
<b>I - TO RECLASS CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,089,324	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,746,083	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
	TOTALS		0	29,835,407	
<b>J - TO RECLASS NURSERY</b>					
1.00	NURSERY	43.00	288,120	226,402	1.00
	TOTALS		288,120	226,402	
<b>K - TO RECLASS INTERN AND RESIDENT COSTS</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,649,772	0	1.00
	TOTALS		1,649,772	0	
<b>L - TO RECLASS TRANSPLANT OTHER COSTS</b>					
1.00	KIDNEY ACQUISITION	105.00	0	184,388	1.00
2.00	HEART ACQUISITION	106.00	0	74,055	2.00
3.00	LIVER ACQUISITION	107.00	0	106,685	3.00
	TOTALS		0	365,128	

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6

Date/Time Prepared:  
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>M - TO RECLASS TRANSPLANT SALARY COSTS</b>						
1.00	ADULTS & PEDIATRICS	30.00	190,465	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	29,052	0	2.00	
3.00	HEART ACQUISITION	106.00	7,229	0	3.00	
4.00	LIVER ACQUISITION	107.00	8,193	0	4.00	
	<b>TOTALS</b>		<b>234,939</b>	<b>0</b>		
<b>N - TO RECLASS SLU HLA PRE TRANSPLANT</b>						
1.00	LABORATORY	60.00	0	154,054	1.00	
2.00	KIDNEY ACQUISITION	105.00	0	55,313	2.00	
3.00	HEART ACQUISITION	106.00	0	23,148	3.00	
	<b>TOTALS</b>		<b>0</b>	<b>232,515</b>		
<b>O - RECLASS OF PHYSICIAN COSTS</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,334,316	7,758,709	1.00	
2.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	292,956	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,307,445	3.00	
4.00	OPERATING ROOM	50.00	0	4,576,657	4.00	
5.00	ANESTHESIOLOGY	53.00	0	235,921	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	31,597	6.00	
7.00	ANATOMIC PATHOLOGY	60.01	0	35,618	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	449,626	8.00	
9.00	ELECTROCARDIOLOGY	69.00	0	670,497	9.00	
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	560,827	10.00	
11.00	RENAL DIALYSIS	74.00	0	223,520	11.00	
12.00	CLINIC	90.00	0	437,352	12.00	
13.00	EMERGENCY	91.00	0	863,712	13.00	
	<b>TOTALS</b>		<b>1,334,316</b>	<b>17,444,437</b>		
<b>P - RECLASS MEDICAL DIRECTORS CONTRACTED</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	10,400	1.00	
2.00	SUBPROVIDER - IPF	40.00	0	57,910	2.00	
3.00	OPERATING ROOM	50.00	0	72,738	3.00	
4.00	ANESTHESIOLOGY	53.00	0	28,800	4.00	
5.00	PAIN MANAGEMENT	53.01	0	61,614	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	67,975	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	28,327	7.00	
8.00	ANATOMIC PATHOLOGY	60.01	0	14,400	8.00	
9.00	INTRAVENOUS THERAPY	64.00	0	49,317	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	9,073	10.00	
11.00	SLEEP DISORDER	65.01	0	17,853	11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	2,580	12.00	
13.00	CARDIAC REHAB	69.01	0	9,073	13.00	
14.00	ECT	70.01	0	12,675	14.00	
15.00	PSYCHOTHERAPY	70.02	0	29,510	15.00	
	<b>TOTALS</b>		<b>0</b>	<b>472,245</b>		
500.00	<b>Grand Total: Increases</b>		<b>15,527,474</b>	<b>128,261,897</b>	<b>500.00</b>	

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2013 3:06 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - TO RECLASS PHARMACY COSTS</b>							
1.00	PHARMACY	15.00	6,121,876	32,061,861	0		1.00
	TOTALS		6,121,876	32,061,861			
<b>B - TO RECLASS BEHAVIORAL MEDICINE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	564,174	207,355	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		564,174	207,355			
<b>C - RECLASS DIETARY</b>							
1.00	DIETARY	10.00	2,298,502	5,044,758	0		1.00
	TOTALS		2,298,502	5,044,758			
<b>D - RECLASS PHARMACY PARAMEDICAL COSTS</b>							
1.00	PHARMACY	15.00	176,520	83,642	0		1.00
	TOTALS		176,520	83,642			
<b>E - RECLASS RENTAL PARKING CGCH FOUND</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	153,739	0		1.00
	TOTALS		0	153,739			
<b>F - TO RECLASS FRA EXPENSE</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,231,570	0		1.00
2.00	PHARMACY	15.00	0	150,717	0		2.00
	TOTALS		0	41,382,287			
<b>G - TO UPDATE LABOR AND DELIVERY COSTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,567,634	751,655	0		1.00
	TOTALS		2,567,634	751,655			
<b>H - RECLASS TRANSPORT COSTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	291,621	466	0		1.00
	TOTALS		291,621	466			
<b>I - TO RECLASS CHARGEABLE SUPPLIES</b>							
1.00	PHARMACY	15.00	0	1,070,909	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,211,529	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	477,344	0		3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	545,131	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	77,840	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	629,594	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	5,224	0		7.00
8.00	OPERATING ROOM	50.00	0	15,211,867	0		8.00
9.00	RECOVERY ROOM	51.00	0	144,225	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	8,489	0		10.00
11.00	PAIN MANAGEMENT	53.01	0	92,805	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,237,836	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,914	0		13.00
14.00	ULTRASOUND	56.01	0	53,698	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	6,422,371	0		15.00
16.00	LABORATORY	60.00	0	4,330	0		16.00
17.00	ANATOMICAL PATHOLOGY	60.01	0	640	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	702	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	92,324	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	508,578	0		20.00
21.00	SLEEP DISORDER	65.01	0	9	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	9,974	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	3,223	0		23.00
24.00	ENDOSCOPY	69.03	0	720,794	0		24.00
25.00	CLINICAL NUTRITION	69.04	0	142	0		25.00
26.00	RENAL DIALYSIS	74.00	0	122,321	0		26.00
27.00	CLINIC	90.00	0	626,754	0		27.00
28.00	EMERGENCY	91.00	0	551,840	0		28.00
	TOTALS		0	29,835,407			
<b>J - TO RECLASS NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	288,120	226,402	0		1.00
	TOTALS		288,120	226,402			
<b>K - TO RECLASS INTERN AND RESIDENT COSTS</b>							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,649,772	0	0		1.00
	TOTALS		1,649,772	0			
<b>L - TO RECLASS TRANSPLANT OTHER COSTS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	365,128	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	365,128			

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6

Date/Time Prepared:  
5/31/2013 3:06 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>M - TO RECLASS TRANSPLANT SALARY COSTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	214,108	0	0	1.00
2.00	SOCIAL SERVICE	17.00	2,100	0	0	2.00
3.00	PHARMACY	15.00	2,926	0	0	3.00
4.00	CLINICAL NUTRITION	69.04	15,805	0	0	4.00
<b>TOTALS</b>			234,939	0		
<b>N - TO RECLASS SLU HLA PRE TRANSPLANT</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	232,515	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
<b>TOTALS</b>			0	232,515		
<b>O - RECLASS OF PHYSICIAN COSTS</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,334,316	17,444,437	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
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
<b>TOTALS</b>			1,334,316	17,444,437		
<b>P - RECLASS MEDICAL DIRECTORS CONTRACTED</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	472,245	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
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
<b>TOTALS</b>			0	472,245		
500.00	<b>Grand Total: Decreases</b>		15,527,474	128,261,897		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	11,419,205	6,779,000	0	6,779,000	0	1.00
2.00	Land Improvements	9,378,325	6,796	0	6,796	0	2.00
3.00	Buildings and Fixtures	364,813,900	15,997,817	0	15,997,817	176,000	3.00
4.00	Building Improvements	7,109,042	264,956	0	264,956	0	4.00
5.00	Fixed Equipment	45,771,818	97,076	0	97,076	0	5.00
6.00	Movable Equipment	157,722,765	10,812,444	0	10,812,444	1,520,257	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	596,215,055	33,958,089	0	33,958,089	1,696,257	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	596,215,055	33,958,089	0	33,958,089	1,696,257	10.00
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,042,901	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	11,023,344	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,066,245	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>					<b>ALLOCATION OF OTHER CAPITAL</b>		
Cost Center Description		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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	18,198,205	0		1.00	
2.00	Land Improvements	9,385,121	0		2.00	
3.00	Buildings and Fixtures	380,635,717	0		3.00	
4.00	Building Improvements	7,373,998	0		4.00	
5.00	Fixed Equipment	45,868,894	0		5.00	
6.00	Movable Equipment	167,014,952	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	628,476,887	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	628,476,887	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	12,042,901		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	11,023,344		2.00	
3.00	Total (sum of lines 1-2)	0	23,066,245		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,031,752	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	15,480,878	0
3.00	Total (sum of lines 1-2)	0	0	0	28,512,630	0

RECONCILIATION OF CAPITAL COSTS CENTERS

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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	13,031,752	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	82,660	0	0	0	15,563,538	2.00
3.00	Total (sum of lines 1-2)	82,660	0	0	0	28,595,290	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	82,660	NEW CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)	A	-19,915	NEW CAP REL COSTS-MVBLE EQUIP		2.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-21,620,943				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-10,005,041				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant					0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00		0			0.00	33.00
33.01 MIS REVENUE	B	-5,917,875	ADMINISTRATIVE & GENERAL		5.00	33.01
33.02 MIS REVENUE	B	-309,110	OPERATION OF PLANT		7.00	33.02
33.03 MIS REVENUE	B	-88,092	LAUNDRY & LINEN SERVICE		8.00	33.03
33.04 MIS REVENUE	B	-24,000	HOUSEKEEPING		9.00	33.04
33.06 MIS REVENUE	B	-68,069	NURSING ADMINISTRATION		13.00	33.06
33.07 MIS REVENUE	B	-541,925	CENTRAL SERVICES & SUPPLY		14.00	33.07
33.09 MIS REVENUE	B	-23,117	MEDICAL RECORDS & LIBRARY		16.00	33.09
33.10 MIS REVENUE	B	-12,703	SOCIAL SERVICE		17.00	33.10
33.11 MIS REVENUE	B	-104,256	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	33.11
33.12 MIS REVENUE	B	-148,107	ADULTS & PEDIATRICS		30.00	33.12
33.13 MIS REVENUE	B	400	NEONATAL INTENSIVE CARE UNIT		35.00	33.13
33.14 MIS REVENUE	B	-4	OPERATING ROOM		50.00	33.14
33.15 MIS REVENUE	B	-5,088	RECOVERY ROOM		51.00	33.15
33.16 MIS REVENUE	B	-6,689	ANESTHESIOLOGY		53.00	33.16
33.17 MIS REVENUE	B	-552,994	RADIOLOGY-DIAGNOSTIC		54.00	33.17
33.18 MIS REVENUE	B	-224,819	RADIOLOGY-THERAPEUTIC		55.00	33.18
33.19 MIS REVENUE	B	-4,325	NUCLEAR MEDICINE-DIAGNOSTIC		55.01	33.19

ADJUSTMENTS TO EXPENSES

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00	3.00	4.00
33.20	MI SC REVENUE	B	-24,638	ULTRA SOUND	56.01	33.20
33.21	MI SC REVENUE	B	-2,144,403	LABORATORY	60.00	33.21
33.22	MI SC REVENUE	B	-206,870	ANATOMI C PATHOLOGY	60.01	33.22
33.24	MI SC REVENUE	B	-195,723	BLOOD STORING, PROCESSING & TRANS.	63.00	33.24
33.25	MI SC REVENUE	B	-49,894	INTRAVENOUS THERAPY	64.00	33.25
33.26	MI SC REVENUE	B	-29,558	RESPI RATORY THERAPY	65.00	33.26
33.27	MI SC REVENUE	B	-682	PHYSI CAL THERAPY	66.00	33.27
33.28	MI SC REVENUE	B	-2,546	SPEECH PATHOLOGY	68.00	33.28
33.29	MI SC REVENUE	B	-52,512	ELECTROCARDI OLOGY	69.00	33.29
33.30	MI SC REVENUE	B	-1,598	CARDI AC CATHETERI ZATI ON	59.00	33.30
33.31	MI SC REVENUE	B	-108,443	VASCULAR LAB	69.02	33.31
33.32	MI SC REVENUE	B	-20,300	ENDOSCOPY	69.03	33.32
33.33	MI SC REVENUE	B	-31,451	CL I N I C A L N U T R I T I O N	69.04	33.33
33.34	MI SC REVENUE	B	-1,904	RENAL D I A L Y S I S	74.00	33.34
33.35	MI SC REVENUE	B	-95,038	CL I N I C	90.00	33.35
33.36	MI SC REVENUE	B	-1,504	EMERGENCY	91.00	33.36
33.37	TELEPHONES	A	-32,976	ADMI NI STRATI VE & GENERAL	5.00	33.37
33.38	MI SC REVENUE	B	-4,706,001	CAFETERI A	11.00	33.38
33.39	MI SC REVENUE	B	-9,189,283	DRUGS CHARGED TO PATI ENTS	73.00	33.39
33.40	MI SC REVENUE	B	-7,492	PAIN MANAGEMENT	53.01	33.40
33.41	MI SC REVENUE	B	-750	OCCUPATI ONAL THERAPY	67.00	33.41
33.42	MI SC REVENUE	B	-7,496	ELECTROENCEPHALOGRAPHY	70.00	33.42
34.00	I N T E R E S T E X P E N S E	B	-511,638	ADMI NI STRATI VE & GENERAL	5.00	34.00
34.01	I N T E R E S T E X P E N S E	B	-2,110,616	I N T E R E S T E X P E N S E	113.00	34.01
35.00	TEACH I N G R C E	A	-4,009,044	I & R S E R V I C E S - O T H E R P R G M C O S T S A P P R V D	22.00	35.00
35.01	TEACH I N G R C E	A	-7,508	I N T E N S I V E C A R E U N I T	31.00	35.01
35.02	TEACH I N G R C E	A	-404	CL I N I C	90.00	35.02
36.00			0		0.00	36.00
38.00	FRA EXPENSE MCR ADJUSTMENT	A	-7,577,216	ADMI NI STRATI VE & GENERAL	5.00	38.00
39.00	LOBBY I N G E X P E N S E	A	-71,317	ADMI NI STRATI VE & GENERAL	5.00	39.00
41.02	NON MED TRANSPORTATI ON	A	-6,002	SUBPROVI DER - I P F	40.00	41.02
41.03	NON MED TRANSPORTATI ON	A	-392,560	PSYCHOTHE R A P Y	70.02	41.03
41.04	NON MED TRANSPORTATI ON	A	78	CL I N I C	90.00	41.04
41.05	NON MED TRANSPORTATI ON	A	-10,659	NURS I N G A D M I N I S T R A T I O N	13.00	41.05
41.06	NON MED TRANSPORTATI ON	A	-9,983	SOCI AL S E R V I C E	17.00	41.06
41.07	NON MED TRANSPORTATI ON	A	-34	I & R S E R V I C E S - O T H E R P R G M C O S T S A P P R V D	22.00	41.07
41.08	NON MED TRANSPORTATI ON	A	-19	I N T R A V E N O U S T H E R A P Y	64.00	41.08
41.09	NON MED TRANSPORTATI ON	A	-10	EMERGENCY	91.00	41.09
42.00	ADVERTI S I N G	A	-25,146	ADMI NI STRATI VE & GENERAL	5.00	42.00
42.03	ADVERTI S I N G	A	-6,193	I & R S E R V I C E S - O T H E R P R G M C O S T S A P P R V D	22.00	42.03
42.06	ADVERTI S I N G	A	-449	RADI OLOGY-DI AGNOSTI C	54.00	42.06
42.08	ADVERTI S I N G	A	-34,758	CL I N I C	90.00	42.08
42.09	ADVERTI S I N G	A	-4,063	EMERGENCY	91.00	42.09
42.10	ADVERTI S I N G	A	-100	I N T E N S I V E C A R E U N I T	31.00	42.10
42.11	ADVERTI S I N G	A	-3,184	RECOVERY ROOM	51.00	42.11
42.12	ADVERTI S I N G	A	-1,387	LABORATORY	60.00	42.12
42.13	ADVERTI S I N G	A	-175	SLEEP D I S O R D E R	65.01	42.13
42.14	ADVERTI S I N G	A	-46	CARDI AC REHAB	69.01	42.14
43.00	ENTERTAI NMENT	A	-30,541	ADMI NI STRATI VE & GENERAL	5.00	43.00
43.03	ENTERTAI NMENT	A	-32	RADI OLOGY-DI AGNOSTI C	54.00	43.03
43.05	ENTERTAI NMENT	A	-74	VASCULAR LAB	69.02	43.05
43.06	ENTERTAI NMENT	A	-1,036	CL I N I C	90.00	43.06
43.07	ENTERTAI NMENT	A	-1,548	EMERGENCY	91.00	43.07
43.08	ENTERTAI NMENT	A	-450	I & R S E R V I C E S - O T H E R P R G M C O S T S A P P R V D	22.00	43.08
43.09	ENTERTAI NMENT	A	-28	ADULTS & PEDI A T R I C S	30.00	43.09
43.10	ENTERTAI NMENT	A	-90	I N T R A V E N O U S T H E R A P Y	64.00	43.10
43.11	ENTERTAI NMENT	A	-113	ELECTROCARDI OLOGY	69.00	43.11
44.00	CONTRI BUTI ONS	A	-57,689	ADMI NI STRATI VE & GENERAL	5.00	44.00
44.01	CONTRI BUTI ONS	A	-396	HOUSEKEEP I N G	9.00	44.01
44.02	CONTRI BUTI ONS	A	-333	D I E T A R Y	10.00	44.02
44.03	CONTRI BUTI ONS	A	-3,150	NURS I N G A D M I N I S T R A T I O N	13.00	44.03
44.05	CONTRI BUTI ONS	A	-219	MEDI CAL RECORDS & LI BRARY	16.00	44.05
44.06	CONTRI BUTI ONS	A	-2,099	SOCI AL S E R V I C E	17.00	44.06

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
44.07	CONTRIBUTIONS	A	-281	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	44.07
44.08	CONTRIBUTIONS	A	-4,156	ADULTS & PEDIATRICS	30.00	44.08
44.09	CONTRIBUTIONS	A	-231	INTENSIVE CARE UNIT	31.00	44.09
44.11	CONTRIBUTIONS	A	-105	CORONARY CARE UNIT	32.00	44.11
44.13	CONTRIBUTIONS	A	-193	OPERATING ROOM	50.00	44.13
44.14	CONTRIBUTIONS	A	-1,970	RADIOLOGY-DIAGNOSTIC	54.00	44.14
44.15	CONTRIBUTIONS	A	-536	RADIOLOGY-THERAPEUTIC	55.00	44.15
44.16	CONTRIBUTIONS	A	-2,453	LABORATORY	60.00	44.16
44.18	CONTRIBUTIONS	A	-757	INTRAVENOUS THERAPY	64.00	44.18
44.19	CONTRIBUTIONS	A	-331	RESPIRATORY THERAPY	65.00	44.19
44.20	CONTRIBUTIONS	A	-106	ELECTROCARDIOLOGY	69.00	44.20
44.21	CONTRIBUTIONS	A	-78	CARDIAC CATHETERIZATION	59.00	44.21
44.22	CONTRIBUTIONS	A	-3,212	CLINIC	90.00	44.22
44.23	CONTRIBUTIONS	A	-4,532	EMERGENCY	91.00	44.23
44.24	CONTRIBUTIONS	A	-300	OPERATION OF PLANT	7.00	44.24
44.25	CONTRIBUTIONS	A	-1,197	PHARMACY	15.00	44.25
44.26	CONTRIBUTIONS	A	-128	PARAMED ED PRGM	23.00	44.26
44.27	CONTRIBUTIONS	A	-1,424	NEONATAL INTENSIVE CARE UNIT	35.00	44.27
44.28	CONTRIBUTIONS	A	-172	RECOVERY ROOM	51.00	44.28
44.29	CONTRIBUTIONS	A	-49	ULTRA SOUND	56.01	44.29
44.31	CONTRIBUTIONS	A	-26	BLOOD STORING, PROCESSING & TRANS.	63.00	44.31
44.32	CONTRIBUTIONS	A	-20	CARDIAC REHAB	69.01	44.32
44.33	CONTRIBUTIONS	A	-55	ENDOSCOPY	69.03	44.33
44.34	CONTRIBUTIONS	A	-125	ELECTROENCEPHALOGRAPHY	70.00	44.34
45.00	POB GARAGE	A	-158,492	ADMINISTRATIVE & GENERAL	5.00	45.00
45.02	NURSE PRACTITIONER	A	-559	ADMINISTRATIVE & GENERAL	5.00	45.02
45.03	NURSE PRACTITIONER	A	-163,299	NURSING ADMINISTRATION	13.00	45.03
45.04	NURSE PRACTITIONER	A	-200,395	ADULTS & PEDIATRICS	30.00	45.04
45.05	NURSE PRACTITIONER	A	-202,779	OPERATING ROOM	50.00	45.05
45.07	NURSE PRACTITIONER	A	-95,567	ELECTROCARDIOLOGY	69.00	45.07
45.08	NURSE PRACTITIONER	A	-613,488	CLINIC	90.00	45.08
45.09	NURSE PRACTITIONER	A	-9,373	EMERGENCY	91.00	45.09
45.10	NURSE PRACTITIONER	A	-4,573	PEDIATRIC INTENSIVE CARE UNIT	31.01	45.10
45.11	NURSE PRACTITIONER	A	-10,171	NEONATAL INTENSIVE CARE UNIT	35.00	45.11
45.12	NURSE PRACTITIONER	A	-193	EMPLOYEE BENEFITS	4.00	45.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-72,866,361			50.00

ADJUSTMENTS TO EXPENSES	Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8 Date/Time Prepared: 5/31/2013 3:06 pm
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Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00 Investment income - other (chapter 2)	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00 Television and radio service (chapter 21)	9	8.00
9.00 Parking lot (chapter 21)	0	9.00
10.00 Provider-based physician adjustment	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00 Related organization transactions (chapter 10)	0	12.00
13.00 Laundry and linen service	0	13.00
14.00 Cafeteria-employees and guests	0	14.00
15.00 Rental of quarters to employee and others	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	0	16.00
17.00 Sale of drugs to other than patients	0	17.00
18.00 Sale of medical records and abstracts	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	0	19.00
20.00 Vending machines	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00 Non-physician Anesthetist		28.00
29.00 Physicians' assistant	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	0	33.00
33.01 MI SC REVENUE	0	33.01
33.02 MI SC REVENUE	0	33.02
33.03 MI SC REVENUE	0	33.03
33.04 MI SC REVENUE	0	33.04
33.06 MI SC REVENUE	0	33.06
33.07 MI SC REVENUE	0	33.07
33.09 MI SC REVENUE	0	33.09
33.10 MI SC REVENUE	0	33.10
33.11 MI SC REVENUE	0	33.11
33.12 MI SC REVENUE	0	33.12
33.13 MI SC REVENUE	0	33.13
33.14 MI SC REVENUE	0	33.14
33.15 MI SC REVENUE	0	33.15
33.16 MI SC REVENUE	0	33.16
33.17 MI SC REVENUE	0	33.17
33.18 MI SC REVENUE	0	33.18
33.19 MI SC REVENUE	0	33.19
33.20 MI SC REVENUE	0	33.20
33.21 MI SC REVENUE	0	33.21
33.22 MI SC REVENUE	0	33.22
33.24 MI SC REVENUE	0	33.24
33.25 MI SC REVENUE	0	33.25
33.26 MI SC REVENUE	0	33.26
33.27 MI SC REVENUE	0	33.27
33.28 MI SC REVENUE	0	33.28
33.29 MI SC REVENUE	0	33.29
33.30 MI SC REVENUE	0	33.30

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.31	MI SC REVENUE	0	33.31
33.32	MI SC REVENUE	0	33.32
33.33	MI SC REVENUE	0	33.33
33.34	MI SC REVENUE	0	33.34
33.35	MI SC REVENUE	0	33.35
33.36	MI SC REVENUE	0	33.36
33.37	TELEPHONES	0	33.37
33.38	MI SC REVENUE	0	33.38
33.39	MI SC REVENUE	0	33.39
33.40	MI SC REVENUE	0	33.40
33.41	MI SC REVENUE	0	33.41
33.42	MI SC REVENUE	0	33.42
34.00	INTEREST EXPENSE	0	34.00
34.01	INTEREST EXPENSE	0	34.01
35.00	TEACHING RCE	0	35.00
35.01	TEACHING RCE	0	35.01
35.02	TEACHING RCE	0	35.02
36.00		0	36.00
38.00	FRA EXPENSE MCR ADJUSTMENT	0	38.00
39.00	LOBBYING EXPENSE	0	39.00
41.02	NON MED TRANSPORTATION	0	41.02
41.03	NON MED TRANSPORTATION	0	41.03
41.04	NON MED TRANSPORTATION	0	41.04
41.05	NON MED TRANSPORTATION	0	41.05
41.06	NON MED TRANSPORTATION	0	41.06
41.07	NON MED TRANSPORTATION	0	41.07
41.08	NON MED TRANSPORTATION	0	41.08
41.09	NON MED TRANSPORTATION	0	41.09
42.00	ADVERTISING	0	42.00
42.03	ADVERTISING	0	42.03
42.06	ADVERTISING	0	42.06
42.08	ADVERTISING	0	42.08
42.09	ADVERTISING	0	42.09
42.10	ADVERTISING	0	42.10
42.11	ADVERTISING	0	42.11
42.12	ADVERTISING	0	42.12
42.13	ADVERTISING	0	42.13
42.14	ADVERTISING	0	42.14
43.00	ENTERTAINMENT	0	43.00
43.03	ENTERTAINMENT	0	43.03
43.05	ENTERTAINMENT	0	43.05
43.06	ENTERTAINMENT	0	43.06
43.07	ENTERTAINMENT	0	43.07
43.08	ENTERTAINMENT	0	43.08
43.09	ENTERTAINMENT	0	43.09
43.10	ENTERTAINMENT	0	43.10
43.11	ENTERTAINMENT	0	43.11
44.00	CONTRIBUTIONS	0	44.00
44.01	CONTRIBUTIONS	0	44.01
44.02	CONTRIBUTIONS	0	44.02
44.03	CONTRIBUTIONS	0	44.03
44.05	CONTRIBUTIONS	0	44.05
44.06	CONTRIBUTIONS	0	44.06
44.07	CONTRIBUTIONS	0	44.07
44.08	CONTRIBUTIONS	0	44.08
44.09	CONTRIBUTIONS	0	44.09
44.11	CONTRIBUTIONS	0	44.11
44.13	CONTRIBUTIONS	0	44.13
44.14	CONTRIBUTIONS	0	44.14
44.15	CONTRIBUTIONS	0	44.15
44.16	CONTRIBUTIONS	0	44.16
44.18	CONTRIBUTIONS	0	44.18
44.19	CONTRIBUTIONS	0	44.19
44.20	CONTRIBUTIONS	0	44.20
44.21	CONTRIBUTIONS	0	44.21
44.22	CONTRIBUTIONS	0	44.22
44.23	CONTRIBUTIONS	0	44.23
44.24	CONTRIBUTIONS	0	44.24
44.25	CONTRIBUTIONS	0	44.25
44.26	CONTRIBUTIONS	0	44.26
44.27	CONTRIBUTIONS	0	44.27
44.28	CONTRIBUTIONS	0	44.28
44.29	CONTRIBUTIONS	0	44.29
44.31	CONTRIBUTIONS	0	44.31
44.32	CONTRIBUTIONS	0	44.32

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
44.33	CONTRIBUTIONS	0	44.33
44.34	CONTRIBUTIONS	0	44.34
45.00	POB GARAGE	0	45.00
45.02	NURSE PRACTITIONER	0	45.02
45.03	NURSE PRACTITIONER	0	45.03
45.04	NURSE PRACTITIONER	0	45.04
45.05	NURSE PRACTITIONER	0	45.05
45.07	NURSE PRACTITIONER	0	45.07
45.08	NURSE PRACTITIONER	0	45.08
45.09	NURSE PRACTITIONER	0	45.09
45.10	NURSE PRACTITIONER	0	45.10
45.11	NURSE PRACTITIONER	0	45.11
45.12	NURSE PRACTITIONER	0	45.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 260091

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2013 3:06 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.00
4.01	6.00	MAINTENANCE & REPAIRS	HOME OFFICE CES	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	HOME OFFICE	4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE BOND EXPENSE	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	NETWORK CORP 130	4.05
4.06	4.00	EMPLOYEE BENEFITS	OTHER INTERCO	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	OTHER INTERCO	4.07
4.08	13.00	NURSING ADMINISTRATION	OTHER INTERCO	4.08
4.09	15.00	PHARMACY	OTHER INTERCO	4.09
4.10	30.00	ADULTS & PEDIATRICS	OTHER INTERCO	4.10
4.11	40.00	SUBPROVIDER - IPF	OTHER INTERCO	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	OTHER INTERCO	4.12
4.13	55.00	RADIOLOGY-THERAPEUTIC	OTHER INTERCO	4.13
4.14	60.00	LABORATORY	OTHER INTERCO	4.14
4.15	69.00	ELECTROCARDIOLOGY	OTHER INTERCO	4.15
4.16	90.00	CLINIC	OTHER INTERCO	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			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	
	1.00	2.00	3.00	
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	G	SSM HEALTH CARE	100.00	6.00
7.00	G	SSM HEALTH CARE	100.00	7.00
8.00	G	SSM INFO CENTER	100.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify: CHURCH			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: 260091

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

Worksheet A-8-1

Date/Time Prepared: 5/31/2013 3:06 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	27,827,479	38,427,376	-10,599,897	0	1.00
2.00	988,851	0	988,851	9	2.00
3.00	4,477,449	0	4,477,449	9	3.00
4.00	31,821,394	31,293,985	527,409	0	4.00
4.01	0	1,716,714	-1,716,714	0	4.01
4.02	-352,963	0	-352,963	0	4.02
4.03	2,373,420	2,373,420	0	11	4.03
4.04	511,638	511,638	0	0	4.04
4.05	44,155,985	47,485,161	-3,329,176	0	4.05
4.06	378,084	378,084	0	0	4.06
4.07	-2,896,210	-2,896,210	0	0	4.07
4.08	1,126,273	1,126,273	0	0	4.08
4.09	70,329	70,329	0	0	4.09
4.10	967,105	967,105	0	0	4.10
4.11	125	125	0	0	4.11
4.12	75,531	75,531	0	0	4.12
4.13	99,973	99,973	0	0	4.13
4.14	76,735	76,735	0	0	4.14
4.15	78,309	78,309	0	0	4.15
4.16	182,904	182,904	0	0	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	121,967,452	-10,005,041		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			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	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		FRAN SISTERS OF MARY	100.00	HOME OFFICE	6.00
7.00		FRAN SISTERS OF MARY	100.00	ST LOUIS NETWORK	7.00
8.00		FRAN SISTERS OF MARY	100.00	DATA PROCESSING SERVICES	8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2013 3:06 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	2,841	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	773,388	238,935	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	3.00
4.00	15.00	PHARMACY	0	0	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	729	0	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	18,520,150	11,620,542	7.00
8.00	31.00	INTENSIVE CARE UNIT	220,381	206,467	8.00
9.00	35.00	NEONATAL INTENSIVE CARE UNIT	137,544	137,544	9.00
10.00	40.00	SUBPROVIDER - IPF	234,571	174,501	10.00
11.00	50.00	OPERATING ROOM	462,962	394,252	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	12.00
13.00	53.00	ANESTHESIOLOGY	3,700,822	3,640,000	13.00
14.00	53.01	PAIN MANAGEMENT	61,614	0	14.00
15.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	15.00
16.00	55.00	RADIOLOGY-THERAPEUTIC	56,745	0	16.00
17.00	55.01	NUCLEAR MEDICINE-DIAGNOSTIC	62,081	62,081	17.00
18.00	59.00	CARDIAC CATHETERIZATION	28,327	0	18.00
19.00	60.00	LABORATORY	254,400	254,400	19.00
20.00	60.01	ANATOMIC PATHOLOGY	140,717	126,317	20.00
21.00	64.00	INTRAVENOUS THERAPY	46,812	0	21.00
22.00	65.00	RESPIRATORY THERAPY	10,799	0	22.00
23.00	65.01	SLEEP DISORDER	15,725	0	23.00
24.00	69.00	ELECTROCARDIOLOGY	243,623	239,592	24.00
25.00	69.01	CARDIAC REHAB	7,473	0	25.00
26.00	69.02	VASCULAR LAB	12,006	0	26.00
27.00	70.01	ECT	14,675	0	27.00
28.00	70.02	PSYCHOTHERAPY	28,510	0	28.00
29.00	90.00	CLINIC	2,514,146	2,452,145	29.00
30.00	91.00	EMERGENCY	7,823	7,823	30.00
200.00			27,558,864	19,554,599	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2013 3:06 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	2,841	177,200	31	2,641	132	1.00
2.00	534,453	177,200	4,200	357,808	17,890	2.00
3.00	0	177,200	0	0	0	3.00
4.00	0	177,200	0	0	0	4.00
5.00	729	177,200	7	596	30	5.00
6.00	0	177,200	0	0	0	6.00
7.00	6,899,608	177,200	61,399	5,230,723	261,536	7.00
8.00	13,914	177,200	105	8,945	447	8.00
9.00	0	177,200	0	0	0	9.00
10.00	60,070	154,100	559	41,414	2,071	10.00
11.00	68,710	208,000	390	39,000	1,950	11.00
12.00	0	196,400	0	0	0	12.00
13.00	60,822	200,300	411	39,578	1,979	13.00
14.00	61,614	177,200	259	22,065	1,103	14.00
15.00	0	225,300	0	0	0	15.00
16.00	56,745	225,300	315	34,120	1,706	16.00
17.00	0	225,300	0	0	0	17.00
18.00	28,327	177,200	156	13,290	665	18.00
19.00	0	215,700	0	0	0	19.00
20.00	14,400	215,700	144	14,933	747	20.00
21.00	46,812	177,200	280	23,854	1,193	21.00
22.00	10,799	177,200	71	6,049	302	22.00
23.00	15,725	177,200	85	7,241	362	23.00
24.00	4,031	177,200	31	2,641	132	24.00
25.00	7,473	177,200	49	4,174	209	25.00
26.00	12,006	177,200	120	10,223	511	26.00
27.00	14,675	154,100	106	7,853	393	27.00
28.00	28,510	177,200	273	23,258	1,163	28.00
29.00	62,001	177,200	564	48,048	2,402	29.00
30.00	0	177,200	0	0	0	30.00
200.00	8,004,265		69,555	5,938,454	296,923	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2013 3:06 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	2,641	1.00
2.00	0	0	0	0	357,808	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	596	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	5,230,723	7.00
8.00	0	0	0	0	8,945	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	41,414	10.00
11.00	0	0	0	0	39,000	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	39,578	13.00
14.00	0	0	0	0	22,065	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	34,120	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	13,290	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	14,933	20.00
21.00	0	0	0	0	23,854	21.00
22.00	0	0	0	0	6,049	22.00
23.00	0	0	0	0	7,241	23.00
24.00	0	0	0	0	2,641	24.00
25.00	0	0	0	0	4,174	25.00
26.00	0	0	0	0	10,223	26.00
27.00	0	0	0	0	7,853	27.00
28.00	0	0	0	0	23,258	28.00
29.00	0	0	0	0	48,048	29.00
30.00	0	0	0	0	0	30.00
200.00	0	0	0	0	5,938,454	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2013 3:06 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	200	200	1.00
2.00	176,645	415,580	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	133	133	5.00
6.00	0	0	6.00
7.00	1,668,885	13,289,427	7.00
8.00	4,969	211,436	8.00
9.00	0	137,544	9.00
10.00	18,656	193,157	10.00
11.00	29,710	423,962	11.00
12.00	0	0	12.00
13.00	21,244	3,661,244	13.00
14.00	39,549	39,549	14.00
15.00	0	0	15.00
16.00	22,625	22,625	16.00
17.00	0	62,081	17.00
18.00	15,037	15,037	18.00
19.00	0	254,400	19.00
20.00	0	126,317	20.00
21.00	22,958	22,958	21.00
22.00	4,750	4,750	22.00
23.00	8,484	8,484	23.00
24.00	1,390	240,982	24.00
25.00	3,299	3,299	25.00
26.00	1,783	1,783	26.00
27.00	6,822	6,822	27.00
28.00	5,252	5,252	28.00
29.00	13,953	2,466,098	29.00
30.00	0	7,823	30.00
200.00	2,066,344	21,620,943	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	13,031,752	13,031,752			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	15,563,538		15,563,538		2.00
4.00 00400	EMPLOYEE BENEFITS	44,268,052	58,341	1,145	44,327,538	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	117,102,293	2,419,555	2,022,749	6,004,199	127,548,796
6.00 00600	MAINTENANCE & REPAIRS	2,328,992	103,272	0	0	2,432,264
7.00 00700	OPERATION OF PLANT	13,105,561	1,998,234	943,833	670,336	16,717,964
8.00 00800	LAUNDRY & LINEN SERVICE	1,705,179	58,606	1,348	64,828	1,829,961
9.00 00900	HOUSEKEEPING	6,698,679	74,330	21,165	920,990	7,715,164
10.00 01000	DIETARY	3,354,414	125,091	173,858	236,140	3,889,503
11.00 01100	CAFETERIA	2,637,259	252,130	0	514,917	3,404,306
13.00 01300	NURSING ADMINISTRATION	6,417,271	26,438	223,073	1,274,034	7,940,816
14.00 01400	CENTRAL SERVICES & SUPPLY	1,969,876	291,630	0	229,842	2,491,348
15.00 01500	PHARMACY	1,217,573	77,398	17,588	194,129	1,506,688
16.00 01600	MEDICAL RECORDS & LIBRARY	4,118,634	143,070	6,691	673,406	4,941,801
17.00 01700	SOCIAL SERVICE	2,892,756	11,809	1,878	597,940	3,504,383
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,649,772	0	0	0	1,649,772
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,696,977	362,899	15,939	484,574	21,560,389
23.00 02300	PARAMED PRGM	594,117	2,571	0	111,954	708,642
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	31,289,802	2,251,044	910,633	7,822,073	42,273,552
31.00 03100	INTENSIVE CARE UNIT	4,522,895	146,569	104,337	985,572	5,759,373
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	4,656,516	68,632	115,010	860,734	5,700,892
32.00 03200	CORONARY CARE UNIT	1,672,863	64,702	68,438	353,933	2,159,936
35.00 02040	NEONATAL INTENSIVE CARE UNIT	18,108,649	277,921	497,238	3,513,634	22,397,442
40.00 04000	SUBPROVIDER - IPF	5,099,322	155,766	20,788	941,607	6,217,483
43.00 04300	NURSERY	514,522	13,534	1,893	64,546	594,495
45.00 04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	16,835,984	709,967	1,930,827	1,861,304	21,338,082
51.00 05100	RECOVERY ROOM	3,805,226	159,125	29,130	827,982	4,821,463
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,611,376	56,765	170,543	640,539	4,479,223
53.00 05300	ANESTHESIOLOGY	1,689,636	30,078	199,253	52,831	1,971,798
53.01 05301	PAIN MANAGEMENT	765,998	0	34,988	122,390	923,376
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,037,657	365,777	1,630,518	1,191,258	10,225,210
55.00 05500	RADIOLOGY-THERAPEUTIC	2,876,413	37,534	1,134,306	321,501	4,369,754
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	1,884,856	38,322	41,512	181,334	2,146,024
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.01 05601	ULTRA SOUND	747,174	20,782	36,447	167,511	971,914
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	1,838,600	128,267	2,097,171	349,078	4,413,116
60.00 06000	LABORATORY	8,539,370	217,897	96,054	779,378	9,632,699
60.01 06001	ANATOMICAL PATHOLOGY	2,692,509	82,573	170,090	305,942	3,251,114
60.02 06003	LAB-STEM CELL	5,223	0	0	0	5,223
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	4,443,833	15,574	24,060	390,358	4,873,825
64.00 06400	INTRAVENOUS THERAPY	2,907,648	99,101	45,095	485,517	3,537,361
65.00 06500	RESPIRATORY THERAPY	6,228,771	42,435	310,946	804,279	7,386,431
65.01 06501	SLEEP DISORDER	1,105,656	15,309	25,745	150,002	1,296,712
66.00 06600	PHYSICAL THERAPY	1,331,675	241,283	3,833	148,835	1,725,626
67.00 06700	OCCUPATIONAL THERAPY	602,514	23,013	810	85,755	712,092
68.00 06800	SPEECH PATHOLOGY	1,049,273	19,306	17,763	187,258	1,273,600
69.00 06900	ELECTROCARDIOLOGY	2,167,830	26,388	287,979	310,719	2,792,916
69.01 06901	CARDIAC REHAB	431,770	42,974	19,526	94,402	588,672
69.02 06902	VASCULAR LAB	209,697	71,535	201,207	52,189	534,628
69.03 06903	ENDOSCOPY	2,493,728	138,890	254,994	443,718	3,331,330
69.04 06904	CLINICAL NUTRITION	668,099	6,784	88	155,452	830,423
70.00 07000	ELECTROENCEPHALOGRAPHY	947,967	20,343	42,705	61,977	1,072,992
70.01 07001	ECT	215,174	28,470	0	41,839	285,483
70.02 07002	PSYCHOTHERAPY	678,472	45,984	0	135,008	859,464
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,736,361	0	0	0	17,736,361
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	11,746,083	0	0	0	11,746,083
73.00 07300	DRUGS CHARGED TO PATIENTS	28,994,454	0	0	1,371,441	30,365,895
74.00 07400	RENAL DIALYSIS	1,399,018	16,652	19,128	62,340	1,497,138

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	10,130,645	913,849	413,159	2,382,966	13,840,619	90.00
91.00 09100 EMERGENCY	11,560,514	304,849	806,060	2,062,725	14,734,148	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	268,753	639	0	2,468	271,860	105.00
106.00 10600 HEART ACQUISITION	104,432	630	0	1,325	106,387	106.00
107.00 10700 LIVER ACQUISITION	114,878	639	0	1,503	117,020	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	485,084,531	12,905,276	15,191,541	42,752,512	483,011,032 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	352,492	28,818	1,299	14,265	396,874	190.00
191.00 19100 RESEARCH	212,627	1,120	0	0	213,747	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,397,326	70,374	50,734	125,277	1,643,711	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	155,196	5,291	21,820	0	182,307	194.01
194.02 07952 POISON CONTROL	2,116,362	0	115,879	407,588	2,639,829	194.02
194.03 07953 COMMUNITY EDUCATION	464,868	1,451	3,843	54,514	524,676	194.03
194.04 07954 BILLABLE DEPARTMENTS	1,319,116	0	0	342,219	1,661,335	194.04
194.05 07955 MISC NONREIMBURSABLE	6,963,872	19,422	178,422	631,163	7,792,879	194.05
194.06 07956 RETAIL PHARMACY	4,224,205	0	0	0	4,224,205	194.06
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118-201)	502,290,595	13,031,752	15,563,538	44,327,538	502,290,595 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/31/2013 3:06 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	127,548,796					5.00
6.00	00600	MAINTENANCE & REPAIRS	827,855	3,260,119				6.00
7.00	00700	OPERATION OF PLANT	5,690,193	623,361	23,031,518			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622,853	18,283	159,694	2,630,791		8.00
9.00	00900	HOUSEKEEPING	2,625,964	23,188	202,538	63,488	10,630,342	9.00
10.00	01000	DIETARY	1,323,847	39,023	340,855	0	159,838	10.00
11.00	01100	CAFETERIA	1,158,703	78,654	687,021	0	322,166	11.00
13.00	01300	NURSING ADMINISTRATION	2,702,768	8,247	72,040	0	33,782	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	847,965	90,976	794,652	0	372,637	14.00
15.00	01500	PHARMACY	512,822	24,145	210,899	0	98,897	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,682,011	44,631	389,846	0	182,811	16.00
17.00	01700	SOCIAL SERVICE	1,192,766	3,684	32,178	0	15,089	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	561,523	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,338,380	113,208	988,852	1,361	463,704	22.00
23.00	02300	PARAMED PRGM	241,196	802	7,005	0	3,285	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	14,388,576	702,224	6,133,799	1,121,377	2,876,327	30.00
31.00	03100	INTENSIVE CARE UNIT	1,960,283	45,723	399,382	104,121	187,283	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	1,940,378	21,410	187,014	9,963	87,697	31.01
32.00	03200	CORONARY CARE UNIT	735,164	20,184	176,303	55,704	82,674	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	7,623,283	86,699	757,298	64,451	355,121	35.00
40.00	04000	SUBPROVIDER - IPF	2,116,207	48,592	424,442	44,759	199,034	40.00
43.00	04300	NURSERY	202,345	4,222	36,879	21,767	17,294	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,262,715	221,478	1,934,565	221,967	907,179	50.00
51.00	05100	RECOVERY ROOM	1,641,052	49,640	433,594	59,186	203,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,524,566	17,708	154,678	149,909	72,533	52.00
53.00	05300	ANESTHESIOLOGY	671,129	9,383	81,960	0	38,434	53.00
53.01	05301	PAIN MANAGEMENT	314,284	0	0	4,762	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,480,293	114,106	996,693	124,258	467,381	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,487,307	11,709	102,275	1,406	47,960	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	730,429	11,955	104,421	7,769	48,967	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	330,805	6,483	56,628	4,082	26,555	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,502,066	40,014	349,510	40,605	163,896	59.00
60.00	06000	LABORATORY	3,278,624	67,974	593,740	0	278,424	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,106,562	25,759	225,000	0	105,510	60.01
60.02	06003	LAB-STEM CELL	1,778	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,658,875	4,858	42,437	0	19,900	63.00
64.00	06400	INTRAVENOUS THERAPY	1,203,990	30,915	270,036	1,632	126,628	64.00
65.00	06500	RESPIRATORY THERAPY	2,514,075	13,238	115,630	0	54,222	65.00
65.01	06501	SLEEP DISORDER	441,354	4,776	41,714	0	19,561	65.01
66.00	06600	PHYSICAL THERAPY	587,341	75,270	657,464	37,381	308,306	66.00
67.00	06700	OCCUPATIONAL THERAPY	242,370	7,179	62,707	15,708	29,405	67.00
68.00	06800	SPEECH PATHOLOGY	433,488	6,023	52,606	0	24,669	68.00
69.00	06900	ELECTROCARDIOLOGY	950,608	8,232	71,904	482	33,718	69.00
69.01	06901	CARDIAC REHAB	200,363	13,406	117,098	5,397	54,911	69.01
69.02	06902	VASCULAR LAB	181,968	22,316	194,923	3,401	91,406	69.02
69.03	06903	ENDOSCOPY	1,133,865	43,328	378,457	40,882	177,470	69.03
69.04	06904	CLINICAL NUTRITION	282,646	2,116	18,484	0	8,668	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	365,208	6,346	55,431	23,745	25,993	70.00
70.01	07001	ECT	97,168	8,881	77,576	0	36,378	70.01
70.02	07002	PSYCHOTHERAPY	292,531	14,345	125,301	0	58,758	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,036,819	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,997,944	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,335,457	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	509,572	5,195	45,375	0	21,278	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	4,710,848	285,080	2,490,116	104,751	1,167,694	90.00
91.00	09100	EMERGENCY	5,014,974	95,099	830,671	284,835	389,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	92,531	199	1,740	0	816	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
106.00	10600	HEART ACQUISITION	36,210	197	1,717	0	805	106.00
107.00	10700	LIVER ACQUISITION	39,829	199	1,740	0	816	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	120,986,726	3,220,663	22,686,888	2,619,149	10,468,734	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,082	8,990	78,525	0	36,823	190.00
191.00	19100	RESEARCH	72,752	349	3,051	0	1,431	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	559,460	21,954	191,759	11,642	89,922	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	62,051	1,651	14,417	0	6,761	194.01
194.02	07952	POISON CONTROL	898,503	0	0	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	178,581	453	3,955	0	1,854	194.03
194.04	07954	BILLABLE DEPARTMENTS	565,459	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	2,652,415	6,059	52,923	0	24,817	194.05
194.06	07956	RETAIL PHARMACY	1,437,767	0	0	0	0	194.06
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)	127,548,796	3,260,119	23,031,518	2,630,791	10,630,342	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,753,066					10.00
11.00	01100	CAFETERIA	0	5,650,850				11.00
13.00	01300	NURSING ADMINISTRATION	0	161,217	10,918,870			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	64,472	0	4,662,050		14.00
15.00	01500	PHARMACY	0	10,303	51,448	29,863	2,445,065	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	163,515	31,533	13	0	16.00
17.00	01700	SOCIAL SERVICE	0	90,917	6,328	120	12	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	77,010	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,001	0	4	0	22.00
23.00	02300	PARAMED ED PRGM	0	10,950	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,268,516	1,271,220	4,434,362	228,889	2,960	30.00
31.00	03100	INTENSIVE CARE UNIT	252,520	140,620	123,581	33,938	165	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	196,462	142,324	75,244	32,406	178	31.01
32.00	03200	CORONARY CARE UNIT	105,451	52,383	102,417	8,126	52	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	1,109,064	502,241	329,559	105,479	622	35.00
40.00	04000	SUBPROVIDER - IPF	590,393	165,576	896,470	6,568	35	40.00
43.00	04300	NURSERY	230,660	13,413	76,148	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	309,157	876,210	70,727	2,104	50.00
51.00	05100	RECOVERY ROOM	0	110,777	228,604	4,903	73	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	97,830	73,436	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,931	289,464	121,044	6,409	53.00
53.01	05301	PAIN MANAGEMENT	0	17,776	2,526	983	15	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	209,210	8,561	26,510	46	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,065	5,238	4,010	24	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	32,430	28,502	5,376	315	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	22,147	0	0	122	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	46,730	56,579	579	48	59.00
60.00	06000	LABORATORY	0	122,040	5,663	53,439	59	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	57,292	0	46,818	269	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	102,628	0	43,234	7	63.00
64.00	06400	INTRAVENOUS THERAPY	0	72,798	55,117	48,095	243	64.00
65.00	06500	RESPIRATORY THERAPY	0	134,905	3,111	2	638	65.00
65.01	06501	SLEEP DISORDER	0	28,966	1,276	4,901	31	65.01
66.00	06600	PHYSICAL THERAPY	0	20,711	0	482	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,977	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	31,039	0	12,075	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,209	2,526	4,257	6,419	69.00
69.01	06901	CARDIAC REHAB	0	13,781	19,516	492	0	69.01
69.02	06902	VASCULAR LAB	0	7,881	0	416	0	69.02
69.03	06903	ENDOSCOPY	0	67,683	129,378	19	176	69.03
69.04	06904	CLINICAL NUTRITION	0	31,676	485,578	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,120	0	712	0	70.00
70.01	07001	ECT	0	6,167	23,876	2,399	0	70.01
70.02	07002	PSYCHOTHERAPY	0	22,219	51,607	16	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,150,257	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,398,125	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	177,319	0	0	2,406,032	73.00
74.00	07400	RENAL DIALYSIS	0	8,786	10,529	99	1,252	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINICAL	0	284,910	1,757,870	22,456	15,705	90.00
91.00	09100	EMERGENCY	0	374,924	650,025	79,442	624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	346	7,657	0	0	105.00
106.00	10600	HEART ACQUISITION	0	173	3,908	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	198	4,547	0	0	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,753,066	5,408,963	10,908,394	4,547,274	2,444,635	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,382	0	39	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,917	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	39,558	1,064	13	0	194.01
194.02	07952	POISON CONTROL	0	45,882	5,344	1	0	194.02
194.03	07953	COMMUNITY EDUCATION	0	8,259	1,223	218	1	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	0	99,874	2,845	114,505	429	194.05
194.06	07956	RETAIL PHARMACY	0	20,015	0	0	0	194.06
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)	5,753,066	5,650,850	10,918,870	4,662,050	2,445,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

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Part I  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	16.00	17.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,436,161					16.00
17.00 01700 SOCIAL SERVICE	0	4,845,477				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,288,305	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	862,102	2,893,260	0	0	1,585,412	30.00
31.00 03100 INTENSIVE CARE UNIT	111,910	215,960	0	0	33,112	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	107,779	169,034	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	37,087	90,824	0	0	32,134	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	514,626	964,251	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	101,840	512,148	0	0	9,183	40.00
43.00 04300 NURSERY	44,612	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	541,151	0	0	0	243,287	50.00
51.00 05100 RECOVERY ROOM	119,877	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	105,167	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	141,131	0	0	0	83,985	53.00
53.01 05301 PAIN MANAGEMENT	13,176	0	0	0	53,436	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	632,474	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	152,639	0	0	0	0	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	84,271	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	65,684	0	0	0	489	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	190,025	0	0	0	0	59.00
60.00 06000 LABORATORY	821,524	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	72,436	0	0	0	52,792	60.01
60.02 06003 LAB-STEM CELL	472	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	101,212	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	43,328	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	279,212	0	0	0	10,432	65.00
65.01 06501 SLEEP DISORDER	48,899	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	38,089	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	20,292	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	21,398	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	168,512	0	0	0	14,772	69.00
69.01 06901 CARDIAC REHAB	3,798	0	0	0	0	69.01
69.02 06902 VASCULAR LAB	24,140	0	0	0	0	69.02
69.03 06903 ENDOSCOPY	146,108	0	0	0	0	69.03
69.04 06904 CLINICAL NUTRITION	1,287	0	0	0	0	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	11,559	0	0	0	78,125	70.00
70.01 07001 ECT	6,535	0	0	0	0	70.01
70.02 07002 PSYCHOTHERAPY	29,177	0	0	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	141,181	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	98,709	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	824,924	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	26,038	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	159,637	0	0	0	43,738	90.00
91.00 09100 EMERGENCY	522,143	0	0	0	47,408	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	19.00	20.00	21.00	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,436,161	4,845,477	0	0	2,288,305	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 POISON CONTROL	0	0	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	0	0	0	0	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956 RETAIL PHARMACY	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,436,161	4,845,477	0	0	2,288,305	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

Period:  
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To 12/31/2012

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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		SERVICES-OTHER PRGM COSTS						
		22.00	23.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00	
20.00	02000	NURSING SCHOOL					20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	30,470,899				22.00	
23.00	02300	PARAMED PRGM	0	971,880			23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	21,111,228	485,939	103,639,743	-22,696,640	80,943,103	30.00
31.00	03100	INTENSIVE CARE UNIT	440,921	94,818	9,903,710	-474,033	9,429,677	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	0	0	8,670,781	0	8,670,781	31.01
32.00	03200	CORONARY CARE UNIT	427,887	94,818	4,181,144	-460,021	3,721,123	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	34,810,136	0	34,810,136	35.00
40.00	04000	SUBPROVIDER - IPF	122,278	0	11,455,008	-131,461	11,323,547	40.00
43.00	04300	NURSERY	0	94,818	1,336,653	0	1,336,653	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,239,596	0	37,168,218	-3,482,883	33,685,335	50.00
51.00	05100	RECOVERY ROOM	0	0	7,672,495	0	7,672,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,675,050	0	6,675,050	52.00
53.00	05300	ANESTHESIOLOGY	1,118,338	0	4,546,006	-1,202,323	3,343,683	53.00
53.01	05301	PAIN MANAGEMENT	711,545	0	2,041,879	-764,981	1,276,898	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	16,284,742	0	16,284,742	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	6,215,387	0	6,215,387	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	3,200,459	0	3,200,459	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	6,517	0	1,491,426	-7,006	1,484,420	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,803,168	0	6,803,168	59.00
60.00	06000	LABORATORY	0	0	14,854,186	0	14,854,186	60.00
60.01	06001	ANATOMICAL PATHOLOGY	702,970	0	5,646,522	-755,762	4,890,760	60.01
60.02	06003	LAB-STEM CELL	0	0	7,473	0	7,473	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	6,846,976	0	6,846,976	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	5,390,143	0	5,390,143	64.00
65.00	06500	RESPIRATORY THERAPY	138,913	0	10,650,809	-149,345	10,501,464	65.00
65.01	06501	SLEEP DISORDER	0	0	1,888,190	0	1,888,190	65.01
66.00	06600	PHYSICAL THERAPY	0	0	3,450,670	0	3,450,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,104,730	0	1,104,730	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,854,898	0	1,854,898	68.00
69.00	06900	ELECTROCARDIOLOGY	196,708	0	4,301,263	-211,480	4,089,783	69.00
69.01	06901	CARDIAC REHAB	0	0	1,017,434	0	1,017,434	69.01
69.02	06902	VASCULAR LAB	0	0	1,061,079	0	1,061,079	69.02
69.03	06903	ENDOSCOPY	0	0	5,448,696	0	5,448,696	69.03
69.04	06904	CLINICAL NUTRITION	0	0	1,660,878	0	1,660,878	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,040,307	0	2,694,538	-1,118,432	1,576,106	70.00
70.01	07001	ECT	0	0	544,463	0	544,463	70.01
70.02	07002	PSYCHOTHERAPY	0	0	1,453,418	0	1,453,418	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	26,064,618	0	26,064,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	17,240,861	0	17,240,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	44,109,627	0	44,109,627	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,125,262	-504	2,124,758	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	582,407	201,487	25,667,318	-626,145	25,041,173	90.00
91.00 09100 EMERGENCY	631,284	0	23,655,105	-678,692	22,976,413	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	375,149	0	375,149	105.00
106.00 10600 HEART ACQUISITION	0	0	149,397	0	149,397	106.00
107.00 10700 LIVER ACQUISITION	0	0	164,349	0	164,349	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	30,470,899	971,880	475,524,057	-32,759,708	442,764,349	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	666,715	0	666,715	190.00
191.00 19100 RESEARCH	0	0	291,330	0	291,330	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	2,536,365	0	2,536,365	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	307,822	0	307,822	194.01
194.02 07952 POISON CONTROL	0	0	3,589,559	0	3,589,559	194.02
194.03 07953 COMMUNITY EDUCATION	0	0	719,220	0	719,220	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	2,226,794	0	2,226,794	194.04
194.05 07955 MISC NONREIMBURSABLE	0	0	10,746,746	0	10,746,746	194.05
194.06 07956 RETAIL PHARMACY	0	0	5,681,987	0	5,681,987	194.06
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)	30,470,899	971,880	502,290,595	-32,759,708	469,530,887	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/31/2013 3:06 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	4,681,146	58,341	1,145	4,740,632	4,740,632
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,419,555	2,022,749	4,442,304	642,115
6.00 00600	MAINTENANCE & REPAIRS	6,885	103,272	0	110,157	0
7.00 00700	OPERATION OF PLANT	33,664	1,998,234	943,833	2,975,731	71,689
8.00 00800	LAUNDRY & LINEN SERVICE	3,037	58,606	1,348	62,991	6,933
9.00 00900	HOUSEKEEPING	43,992	74,330	21,165	139,487	98,495
10.00 01000	DIETARY	6,097	125,091	173,858	305,046	25,254
11.00 01100	CAFETERIA	0	252,130	0	252,130	55,068
13.00 01300	NURSING ADMINISTRATION	1,114,649	26,438	223,073	1,364,160	136,251
14.00 01400	CENTRAL SERVICES & SUPPLY	317,745	291,630	0	609,375	24,580
15.00 01500	PHARMACY	20,621	77,398	17,588	115,607	20,761
16.00 01600	MEDICAL RECORDS & LIBRARY	4,630	143,070	6,691	154,391	72,017
17.00 01700	SOCIAL SERVICE	2,127	11,809	1,878	15,814	63,946
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	80,372	362,899	15,939	459,210	51,822
23.00 02300	PARAMED ED PRGM	0	2,571	0	2,571	11,973
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,012	2,251,044	910,633	3,172,689	836,577
31.00 03100	INTENSIVE CARE UNIT	15,801	146,569	104,337	266,707	105,401
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	1,817	68,632	115,010	185,459	92,051
32.00 03200	CORONARY CARE UNIT	21,548	64,702	68,438	154,688	37,851
35.00 02040	NEONATAL INTENSIVE CARE UNIT	2,131	277,921	497,238	777,290	375,763
40.00 04000	SUBPROVIDER - IPF	587,930	155,766	20,788	764,484	100,700
43.00 04300	NURSERY	0	13,534	1,893	15,427	6,903
45.00 04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,833	709,967	1,930,827	2,643,627	199,056
51.00 05100	RECOVERY ROOM	0	159,125	29,130	188,255	88,548
52.00 05200	DELIVERY ROOM & LABOR ROOM	495	56,765	170,543	227,803	68,502
53.00 05300	ANESTHESIOLOGY	78,408	30,078	199,253	307,739	5,650
53.01 05301	PAIN MANAGEMENT	328,750	0	34,988	363,738	13,089
54.00 05400	RADIOLOGY-DIAGNOSTIC	124,482	365,777	1,630,518	2,120,777	127,398
55.00 05500	RADIOLOGY-THERAPEUTIC	155,483	37,534	1,134,306	1,327,323	34,383
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	19,628	38,322	41,512	99,462	19,393
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.01 05601	ULTRA SOUND	0	20,782	36,447	57,229	17,914
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	348,345	128,267	2,097,171	2,573,783	37,332
60.00 06000	LABORATORY	498	217,897	96,054	314,449	83,350
60.01 06001	ANATOMIC PATHOLOGY	151,880	82,573	170,090	404,543	32,719
60.02 06003	LAB-STEM CELL	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	15,574	24,060	39,634	41,747
64.00 06400	INTRAVENOUS THERAPY	66,688	99,101	45,095	210,884	51,923
65.00 06500	RESPIRATORY THERAPY	1,749	42,435	310,946	355,130	86,013
65.01 06501	SLEEP DISORDER	1,345	15,309	25,745	42,399	16,042
66.00 06600	PHYSICAL THERAPY	486	241,283	3,833	245,602	15,917
67.00 06700	OCCUPATIONAL THERAPY	1,230	23,013	810	25,053	9,171
68.00 06800	SPEECH PATHOLOGY	5,922	19,306	17,763	42,991	20,026
69.00 06900	ELECTROCARDIOLOGY	476	26,388	287,979	314,843	33,230
69.01 06901	CARDIAC REHAB	0	42,974	19,526	62,500	10,096
69.02 06902	VASCULAR LAB	337,333	71,535	201,207	610,075	5,581
69.03 06903	ENDOSCOPY	843	138,890	254,994	394,727	47,453
69.04 06904	CLINICAL NUTRITION	493	6,784	88	7,365	16,625
70.00 07000	ELECTROENCEPHALOGRAPHY	1,414	20,343	42,705	64,462	6,628
70.01 07001	ECT	0	28,470	0	28,470	4,474
70.02 07002	PSYCHOTHERAPY	766,838	45,984	0	812,822	14,438
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	146,668
74.00 07400	RENAL DIALYSIS	0	16,652	19,128	35,780	6,667
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	14,937	913,849	413,159	1,341,945	254,845

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
91.00 09100 EMERGENCY	4,151	304,849	806,060	1,115,060	220,597	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	639	0	639	264	105.00
106.00 10600 HEART ACQUISITION	0	630	0	630	142	106.00
107.00 10700 LIVER ACQUISITION	0	639	0	639	161	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,369,911	12,905,276	15,191,541	37,466,728	4,572,192	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,818	1,299	30,117	1,526	190.00
191.00 19100 RESEARCH	91,346	1,120	0	92,466	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	153,739	70,374	50,734	274,847	13,398	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	61,344	5,291	21,820	88,455	0	194.01
194.02 07952 POISON CONTROL	987	0	115,879	116,866	43,589	194.02
194.03 07953 COMMUNITY EDUCATION	33,687	1,451	3,843	38,981	5,830	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	0	0	36,598	194.04
194.05 07955 MISC NONREIMBURSABLE	0	19,422	178,422	197,844	67,499	194.05
194.06 07956 RETAIL PHARMACY	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	9,711,014	13,031,752	15,563,538	38,306,304	4,740,632	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/31/2013 3:06 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,084,419				5.00
6.00	00600	MAINTENANCE & REPAIRS	33,001	143,158			6.00
7.00	00700	OPERATION OF PLANT	226,829	27,373	3,301,622		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,829	803	22,893	118,449	8.00
9.00	00900	HOUSEKEEPING	104,679	1,018	29,034	2,858	375,571
10.00	01000	DIETARY	52,773	1,714	48,862	0	5,647
11.00	01100	CAFETERIA	46,190	3,454	98,486	0	11,382
13.00	01300	NURSING ADMINISTRATION	107,741	362	10,327	0	1,194
14.00	01400	CENTRAL SERVICES & SUPPLY	33,803	3,995	113,915	0	13,165
15.00	01500	PHARMACY	20,443	1,060	30,233	0	3,494
16.00	01600	MEDICAL RECORDS & LIBRARY	67,050	1,960	55,885	0	6,459
17.00	01700	SOCIAL SERVICE	47,547	162	4,613	0	533
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	22,384	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	292,531	4,971	141,754	61	16,383
23.00	02300	PARAMED PRGM	9,615	35	1,004	0	116
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	573,492	30,836	879,295	50,491	101,619
31.00	03100	INTENSIVE CARE UNIT	78,143	2,008	57,252	4,688	6,617
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	77,350	940	26,809	449	3,098
32.00	03200	CORONARY CARE UNIT	29,306	886	25,273	2,508	2,921
35.00	02040	NEONATAL INTENSIVE CARE UNIT	303,888	3,807	108,561	2,902	12,546
40.00	04000	SUBPROVIDER - IPF	84,359	2,134	60,845	2,015	7,032
43.00	04300	NURSERY	8,066	185	5,287	980	611
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	289,515	9,725	277,324	9,994	32,051
51.00	05100	RECOVERY ROOM	65,418	2,180	62,157	2,665	7,184
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,774	778	22,173	6,749	2,563
53.00	05300	ANESTHESIOLOGY	26,753	412	11,749	0	1,358
53.01	05301	PAIN MANAGEMENT	12,528	0	0	214	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	138,736	5,011	142,878	5,595	16,513
55.00	05500	RADIOLOGY-THERAPEUTIC	59,289	514	14,661	63	1,694
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	29,117	525	14,969	350	1,730
56.00	05600	RADIO SOTOPE	0	0	0	0	0
56.01	05601	ULTRA SOUND	13,187	285	8,118	184	938
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	59,877	1,757	50,103	1,828	5,790
60.00	06000	LABORATORY	130,696	2,985	85,114	0	9,837
60.01	06001	ANATOMICAL PATHOLOGY	44,111	1,131	32,254	0	3,728
60.02	06003	LAB-STEM CELL	71	0	0	71	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,128	213	6,084	0	703
64.00	06400	INTRAVENOUS THERAPY	47,995	1,358	38,710	73	4,474
65.00	06500	RESPIRATORY THERAPY	100,219	581	16,576	0	1,916
65.01	06501	SLEEP DISORDER	17,594	210	5,980	0	691
66.00	06600	PHYSICAL THERAPY	23,413	3,305	94,249	1,683	10,892
67.00	06700	OCCUPATIONAL THERAPY	9,662	315	8,989	707	1,039
68.00	06800	SPEECH PATHOLOGY	17,280	264	7,541	0	872
69.00	06900	ELECTROCARDIOLOGY	37,894	361	10,308	22	1,191
69.01	06901	CARDIAC REHAB	7,987	589	16,786	243	1,940
69.02	06902	VASCULAR LAB	7,254	980	27,943	153	3,229
69.03	06903	ENDOSCOPY	45,199	1,903	54,253	1,841	6,270
69.04	06904	CLINICAL NUTRITION	11,267	93	2,650	0	306
70.00	07000	ELECTROENCEPHALOGRAPHY	14,558	279	7,946	1,069	918
70.01	07001	ECT	3,873	390	11,121	0	1,285
70.02	07002	PSYCHOTHERAPY	11,661	630	17,962	0	2,076
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	240,647	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	159,371	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	412,004	0	0	0	0
74.00	07400	RENAL DIALYSIS	20,313	228	6,505	0	752
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	187,790	12,518	356,964	4,716	41,255
91.00	09100	EMERGENCY	199,913	4,176	119,079	12,824	13,762
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	3,689	9	249	0	29

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
106.00	10600	HEART ACQUISITION	1,443	9	246	0	28	106.00
107.00	10700	LIVER ACQUISITION	1,588	9	249	0	29	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,822,833	141,426	3,252,218	117,925	369,860	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,385	395	11,257	0	1,301	190.00
191.00	19100	RESEARCH	2,900	15	437	0	51	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,302	964	27,489	524	3,177	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	2,474	72	2,067	0	239	194.01
194.02	07952	POISON CONTROL	35,817	0	0	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	7,119	20	567	0	66	194.03
194.04	07954	BILLABLE DEPARTMENTS	22,541	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	105,734	266	7,587	0	877	194.05
194.06	07956	RETAIL PHARMACY	57,314	0	0	0	0	194.06
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)	5,084,419	143,158	3,301,622	118,449	375,571	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/31/2013 3:06 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	439,296					10.00
11.00	01100	0	466,710				11.00
13.00	01300	0	13,315	1,633,350			13.00
14.00	01400	0	5,325	0	804,158		14.00
15.00	01500	0	851	7,696	5,151	205,296	15.00
16.00	01600	0	13,505	4,717	2	0	16.00
17.00	01700	0	7,509	947	21	1	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	6,360	0	0	0	21.00
22.00	02200	0	413	0	1	0	22.00
23.00	02300	0	904	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	249,578	104,994	663,332	39,480	249	30.00
31.00	03100	19,282	11,614	18,486	5,854	14	31.00
31.01	03101	15,002	11,755	11,256	5,590	15	31.01
32.00	03200	8,052	4,326	15,321	1,402	4	32.00
35.00	02040	84,687	41,481	49,299	18,194	52	35.00
40.00	04000	45,082	13,675	134,103	1,133	3	40.00
43.00	04300	17,613	1,108	11,391	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	25,534	131,072	12,199	177	50.00
51.00	05100	0	9,149	34,197	846	6	51.00
52.00	05200	0	8,080	10,985	0	0	52.00
53.00	05300	0	1,068	43,301	20,879	538	53.00
53.01	05301	0	1,468	378	170	1	53.01
54.00	05400	0	17,279	1,281	4,573	4	54.00
55.00	05500	0	2,731	784	692	2	55.00
55.01	05501	0	2,678	4,264	927	26	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	1,829	0	0	10	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	3,859	8,464	100	4	59.00
60.00	06000	0	10,079	847	9,218	5	60.00
60.01	06001	0	4,732	0	8,075	23	60.01
60.02	06003	0	0	0	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	8,476	0	7,457	1	63.00
64.00	06400	0	6,012	8,245	8,296	20	64.00
65.00	06500	0	11,142	465	0	54	65.00
65.01	06501	0	2,392	191	845	3	65.01
66.00	06600	0	1,711	0	83	0	66.00
67.00	06700	0	1,237	0	0	0	67.00
68.00	06800	0	2,564	0	2,083	0	68.00
69.00	06900	0	4,147	378	734	539	69.00
69.01	06901	0	1,138	2,919	85	0	69.01
69.02	06902	0	651	0	72	0	69.02
69.03	06903	0	5,590	19,354	3	15	69.03
69.04	06904	0	2,616	72,637	0	0	69.04
70.00	07000	0	1,166	0	123	0	70.00
70.01	07001	0	509	3,572	414	0	70.01
70.02	07002	0	1,835	7,720	3	0	70.02
71.00	07100	0	0	0	370,903	0	71.00
72.00	07200	0	0	0	241,159	0	72.00
73.00	07300	0	14,645	0	0	202,018	73.00
74.00	07400	0	726	1,575	17	105	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	23,531	262,959	3,873	1,319	90.00
91.00	09100	0	30,965	97,237	13,703	52	91.00
92.00	09200	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	29	1,145	0	0	105.00
106.00	10600	HEART ACQUISITION	0	14	585	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	16	680	0	0	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	439,296	446,733	1,631,783	784,360	205,260	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	857	0	7	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,480	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	3,267	159	2	0	194.01
194.02	07952	POISON CONTROL	0	3,789	799	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	0	682	183	38	0	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	0	8,249	426	19,751	36	194.05
194.06	07956	RETAIL PHARMACY	0	1,653	0	0	0	194.06
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)	439,296	466,710	1,633,350	804,158	205,296	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/31/2013 3:06 pm
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
	16.00	17.00	19.00	20.00	21.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	375,986			16.00
17.00 01700	SOCIAL SERVICE	0	141,093		17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		22.00
23.00 02300	PARAMED ED PRGM	0	0		23.00
28,744					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	43,766	84,247		30.00
31.00 03100	INTENSIVE CARE UNIT	5,655	6,288		31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	5,447	4,922		31.01
32.00 03200	CORONARY CARE UNIT	1,874	2,645		32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	26,007	28,078		35.00
40.00 04000	SUBPROVIDER - I PF	5,146	14,913		40.00
43.00 04300	NURSERY	2,254	0		43.00
45.00 04500	NURSING FACILITY	0	0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	27,347	0		50.00
51.00 05100	RECOVERY ROOM	6,058	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,315	0		52.00
53.00 05300	ANESTHESIOLOGY	7,132	0		53.00
53.01 05301	PAIN MANAGEMENT	666	0		53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	31,962	0		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,714	0		55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	4,259	0		55.01
56.00 05600	RADIOISOTOPE	0	0		56.00
56.01 05601	ULTRA SOUND	3,319	0		56.01
57.00 05700	CT SCAN	0	0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	9,603	0		59.00
60.00 06000	LABORATORY	41,516	0		60.00
60.01 06001	ANATOMICAL PATHOLOGY	3,661	0		60.01
60.02 06003	LAB-STEM CELL	24	0		60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	5,115	0		63.00
64.00 06400	INTRAVENOUS THERAPY	2,190	0		64.00
65.00 06500	RESPIRATORY THERAPY	14,110	0		65.00
65.01 06501	SLEEP DISORDER	2,471	0		65.01
66.00 06600	PHYSICAL THERAPY	1,925	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	1,025	0		67.00
68.00 06800	SPEECH PATHOLOGY	1,081	0		68.00
69.00 06900	ELECTROCARDIOLOGY	8,516	0		69.00
69.01 06901	CARDIAC REHAB	192	0		69.01
69.02 06902	VASCULAR LAB	1,220	0		69.02
69.03 06903	ENDOSCOPY	7,384	0		69.03
69.04 06904	CLINICAL NUTRITION	65	0		69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	584	0		70.00
70.01 07001	ECT	330	0		70.01
70.02 07002	PSYCHOTHERAPY	1,474	0		70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,135	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,988	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	41,687	0		73.00
74.00 07400	RENAL DIALYSIS	1,316	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	8,067	0		90.00
91.00 09100	EMERGENCY	26,386	0		91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	19.00	20.00	21.00	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0				105.00
106.00	10600 HEART ACQUISITION	0	0				106.00
107.00	10700 LIVER ACQUISITION	0	0				107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	375,986	141,093	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00	19100 RESEARCH	0	0				191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0				194.00
194.01	07951 FOUNDATION	0	0				194.01
194.02	07952 POISON CONTROL	0	0				194.02
194.03	07953 COMMUNITY EDUCATION	0	0				194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0				194.04
194.05	07955 MISC NONREIMBURSABLE	0	0				194.05
194.06	07956 RETAIL PHARMACY	0	0				194.06
200.00	Cross Foot Adjustments			0	0	28,744	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	375,986	141,093	0	0	28,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	967,146					22.00
23.00 02300 PARAMED PRGM		26,218				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS			6,830,645	0	6,830,645	30.00
31.00 03100 INTENSIVE CARE UNIT			588,009	0	588,009	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT			440,143	0	440,143	31.01
32.00 03200 CORONARY CARE UNIT			287,057	0	287,057	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT			1,832,555	0	1,832,555	35.00
40.00 04000 SUBPROVIDER - IPF			1,235,624	0	1,235,624	40.00
43.00 04300 NURSERY			69,825	0	69,825	43.00
45.00 04500 NURSING FACILITY			0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM			3,657,621	0	3,657,621	50.00
51.00 05100 RECOVERY ROOM			466,663	0	466,663	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM			413,722	0	413,722	52.00
53.00 05300 ANESTHESIOLOGY			426,579	0	426,579	53.00
53.01 05301 PAIN MANAGEMENT			392,252	0	392,252	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC			2,612,007	0	2,612,007	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC			1,449,850	0	1,449,850	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC			177,700	0	177,700	55.01
56.00 05600 RADIOISOTOPE			0	0	0	56.00
56.01 05601 ULTRA SOUND			103,013	0	103,013	56.01
57.00 05700 CT SCAN			0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)			0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION			2,752,500	0	2,752,500	59.00
60.00 06000 LABORATORY			688,096	0	688,096	60.00
60.01 06001 ANATOMICAL PATHOLOGY			534,977	0	534,977	60.01
60.02 06003 LAB-STEM CELL			95	0	95	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY			0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS			0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.			175,558	0	175,558	63.00
64.00 06400 INTRAVENOUS THERAPY			380,180	0	380,180	64.00
65.00 06500 RESPIRATORY THERAPY			586,206	0	586,206	65.00
65.01 06501 SLEEP DISORDER			88,818	0	88,818	65.01
66.00 06600 PHYSICAL THERAPY			398,780	0	398,780	66.00
67.00 06700 OCCUPATIONAL THERAPY			57,198	0	57,198	67.00
68.00 06800 SPEECH PATHOLOGY			94,702	0	94,702	68.00
69.00 06900 ELECTROCARDIOLOGY			412,163	0	412,163	69.00
69.01 06901 CARDIAC REHAB			104,475	0	104,475	69.01
69.02 06902 VASCULAR LAB			657,158	0	657,158	69.02
69.03 06903 ENDOSCOPY			583,992	0	583,992	69.03
69.04 06904 CLINICAL NUTRITION			113,624	0	113,624	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY			97,733	0	97,733	70.00
70.01 07001 ECT			54,438	0	54,438	70.01
70.02 07002 PSYCHOTHERAPY			870,621	0	870,621	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			618,685	0	618,685	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT			405,518	0	405,518	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS			817,022	0	817,022	73.00
74.00 07400 RENAL DIALYSIS			73,984	0	73,984	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

Period:  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	SERVICES-OTHER PRGM COSTS							
	22.00	23.00	24.00	25.00	26.00			
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC		2,499,782	0	2,499,782	90.00	
91.00	09100	EMERGENCY		1,853,754	0	1,853,754	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION		6,053	0	6,053	105.00	
106.00	10600	HEART ACQUISITION		3,097	0	3,097	106.00	
107.00	10700	LIVER ACQUISITION		3,371	0	3,371	107.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	35,915,845	0	35,915,845	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		50,845	0	50,845	190.00	
191.00	19100	RESEARCH		95,869	0	95,869	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		344,181	0	344,181	192.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00	
194.01	07951	FOUNDATION		96,735	0	96,735	194.01	
194.02	07952	POISON CONTROL		200,860	0	200,860	194.02	
194.03	07953	COMMUNITY EDUCATION		53,486	0	53,486	194.03	
194.04	07954	BILLABLE DEPARTMENTS		59,139	0	59,139	194.04	
194.05	07955	MISC NONREIMBURSABLE		408,269	0	408,269	194.05	
194.06	07956	RETAIL PHARMACY		58,967	0	58,967	194.06	
200.00		Cross Foot Adjustments	967,146	26,218	1,022,108	0	1,022,108	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	967,146	26,218	38,306,304	0	38,306,304	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,571,427						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		11,023,346					2.00
4.00 00400 EMPLOYEE BENEFITS	7,035	811	197,870,176				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	291,761	1,432,673	26,801,708	-127,548,796	374,741,799		5.00
6.00 00600 MAINTENANCE & REPAIRS	12,453	0	0	0	2,432,264		6.00
7.00 00700 OPERATION OF PLANT	240,956	668,498	2,992,262	0	16,717,964		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	7,067	955	289,383	0	1,829,961		8.00
9.00 00900 HOUSEKEEPING	8,963	14,991	4,111,141	0	7,715,164		9.00
10.00 01000 DIETARY	15,084	123,140	1,054,089	0	3,889,503		10.00
11.00 01100 CAFETERIA	30,403	0	2,298,502	0	3,404,306		11.00
13.00 01300 NURSING ADMINISTRATION	3,188	157,998	5,687,069	0	7,940,816		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	35,166	0	1,025,976	0	2,491,348		14.00
15.00 01500 PHARMACY	9,333	12,457	866,557	0	1,506,688		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	17,252	4,739	3,005,969	0	4,941,801		16.00
17.00 01700 SOCIAL SERVICE	1,424	1,330	2,669,099	0	3,504,383		17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,649,772		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	43,760	11,289	2,163,055	0	21,560,389		22.00
23.00 02300 PARAMED ED PRGM	310	0	499,743	0	708,642		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	271,441	644,983	34,916,086	0	42,273,552		30.00
31.00 03100 INTENSIVE CARE UNIT	17,674	73,900	4,399,424	0	5,759,373		31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	8,276	81,459	3,842,168	0	5,700,892		31.01
32.00 03200 CORONARY CARE UNIT	7,802	48,473	1,579,895	0	2,159,936		32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	33,513	352,184	15,684,257	0	22,397,442		35.00
40.00 04000 SUBPROVIDER - IPF	18,783	14,724	4,203,171	0	6,217,483		40.00
43.00 04300 NURSERY	1,632	1,341	288,120	0	594,495		43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	85,611	1,367,566	8,308,538	0	21,338,082		50.00
51.00 05100 RECOVERY ROOM	19,188	20,632	3,695,967	0	4,821,463		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,845	120,792	2,859,255	0	4,479,223		52.00
53.00 05300 ANESTHESIOLOGY	3,627	141,127	235,827	0	1,971,798		53.00
53.01 05301 PAIN MANAGEMENT	0	24,781	546,326	0	923,376		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	44,107	1,154,863	5,317,571	0	10,225,210		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,526	803,406	1,435,125	0	4,369,754		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	4,621	29,402	809,442	0	2,146,024		55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
56.01 05601 ULTRA SOUND	2,506	25,815	747,739	0	971,914		56.01
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	15,467	1,485,388	1,558,224	0	4,413,116		59.00
60.00 06000 LABORATORY	26,275	68,033	3,479,008	0	9,632,699		60.00
60.01 06001 ANATOMY PATHOLOGY	9,957	120,471	1,365,674	0	3,251,114		60.01
60.02 06003 LAB-STEM CELL	0	0	0	0	5,223		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,878	17,041	1,742,491	0	4,873,825		63.00
64.00 06400 INTRAVENOUS THERAPY	11,950	31,940	2,167,266	0	3,537,361		64.00
65.00 06500 RESPIRATORY THERAPY	5,117	220,237	3,590,164	0	7,386,431		65.00
65.01 06501 SLEEP DISORDER	1,846	18,235	669,584	0	1,296,712		65.01
66.00 06600 PHYSICAL THERAPY	29,095	2,715	664,374	0	1,725,626		66.00
67.00 06700 OCCUPATIONAL THERAPY	2,775	574	382,796	0	712,092		67.00
68.00 06800 SPEECH PATHOLOGY	2,328	12,581	835,888	0	1,273,600		68.00
69.00 06900 ELECTROCARDIOLOGY	3,182	203,970	1,386,995	0	2,792,916		69.00
69.01 06901 CARDIAC REHAB	5,182	13,830	421,392	0	588,672		69.01
69.02 06902 VASCULAR LAB	8,626	142,511	232,962	0	534,628		69.02
69.03 06903 ENDOSCOPY	16,748	180,607	1,980,680	0	3,331,330		69.03
69.04 06904 CLINICAL NUTRITION	818	62	693,911	0	830,423		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	2,453	30,247	276,655	0	1,072,992		70.00
70.01 07001 ECT	3,433	0	186,761	0	285,483		70.01
70.02 07002 PSYCHOTHERAPY	5,545	0	602,653	0	859,464		70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	17,736,361		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	11,746,083		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	6,121,876	0	30,365,895		73.00
74.00 07400 RENAL DIALYSIS	2,008	13,548	278,274	0	1,497,138		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	110,196	292,632	10,637,149	0	13,840,619		90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
91.00	09100	EMERGENCY	36,760	570,916	9,207,650	0	14,734,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	77	0	11,018	0	271,860	105.00
106.00	10600	HEART ACQUISITION	76	0	5,914	0	106,387	106.00
107.00	10700	LIVER ACQUISITION	77	0	6,711	0	117,020	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,556,176	10,759,867	190,839,534	-127,548,796	355,462,236	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	920	63,677	0	396,874	190.00
191.00	19100	RESEARCH	135	0	0	0	213,747	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,486	35,934	559,217	0	1,643,711	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	638	15,455	0	0	182,307	194.01
194.02	07952	POISON CONTROL	0	82,075	1,819,401	0	2,639,829	194.02
194.03	07953	COMMUNITY EDUCATION	175	2,722	243,341	0	524,676	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	1,527,605	0	1,661,335	194.04
194.05	07955	MISC NONREIMBURSABLE	2,342	126,373	2,817,401	0	7,792,879	194.05
194.06	07956	RETAIL PHARMACY	0	0	0	0	4,224,205	194.06
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)	13,031,752	15,563,538	44,327,538		127,548,796	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.292941	1.411871	0.224023		0.340364	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			4,740,632		5,084,419	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.023958		0.013568	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	1,260,178					6.00
7.00	00700	240,956	1,019,222				7.00
8.00	00800	7,067	7,067	3,020,338			8.00
9.00	00900	8,963	8,963	72,889	1,003,192		9.00
10.00	01000	15,084	15,084	0	15,084	760,575	10.00
11.00	01100	30,403	30,403	0	30,403	0	11.00
13.00	01300	3,188	3,188	0	3,188	0	13.00
14.00	01400	35,166	35,166	0	35,166	0	14.00
15.00	01500	9,333	9,333	0	9,333	0	15.00
16.00	01600	17,252	17,252	0	17,252	0	16.00
17.00	01700	1,424	1,424	0	1,424	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	43,760	43,760	1,562	43,760	0	22.00
23.00	02300	310	310	0	310	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	271,441	271,441	1,287,423	271,441	432,109	30.00
31.00	03100	17,674	17,674	119,538	17,674	33,384	31.00
31.01	03101	8,276	8,276	11,438	8,276	25,973	31.01
32.00	03200	7,802	7,802	63,952	7,802	13,941	32.00
35.00	02040	33,513	33,513	73,995	33,513	146,622	35.00
40.00	04000	18,783	18,783	51,387	18,783	78,052	40.00
43.00	04300	1,632	1,632	24,990	1,632	30,494	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	85,611	85,611	254,834	85,611	0	50.00
51.00	05100	19,188	19,188	67,950	19,188	0	51.00
52.00	05200	6,845	6,845	172,106	6,845	0	52.00
53.00	05300	3,627	3,627	0	3,627	0	53.00
53.01	05301	0	0	5,467	0	0	53.01
54.00	05400	44,107	44,107	142,657	44,107	0	54.00
55.00	05500	4,526	4,526	1,614	4,526	0	55.00
55.01	05501	4,621	4,621	8,919	4,621	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	2,506	2,506	4,686	2,506	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	15,467	15,467	46,617	15,467	0	59.00
60.00	06000	26,275	26,275	0	26,275	0	60.00
60.01	06001	9,957	9,957	0	9,957	0	60.01
60.02	06003	0	0	0	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	1,878	1,878	0	1,878	0	63.00
64.00	06400	11,950	11,950	1,874	11,950	0	64.00
65.00	06500	5,117	5,117	0	5,117	0	65.00
65.01	06501	1,846	1,846	0	1,846	0	65.01
66.00	06600	29,095	29,095	42,916	29,095	0	66.00
67.00	06700	2,775	2,775	18,034	2,775	0	67.00
68.00	06800	2,328	2,328	0	2,328	0	68.00
69.00	06900	3,182	3,182	553	3,182	0	69.00
69.01	06901	5,182	5,182	6,196	5,182	0	69.01
69.02	06902	8,626	8,626	3,905	8,626	0	69.02
69.03	06903	16,748	16,748	46,936	16,748	0	69.03
69.04	06904	818	818	0	818	0	69.04
70.00	07000	2,453	2,453	27,261	2,453	0	70.00
70.01	07001	3,433	3,433	0	3,433	0	70.01
70.02	07002	5,545	5,545	0	5,545	0	70.02
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	2,008	2,008	0	2,008	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	110,196	110,196	120,262	110,196	0	90.00
91.00	09100	36,760	36,760	327,011	36,760	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	77	77	0	77	0 105.00
106.00	10600	HEART ACQUISITION	76	76	0	76	0 106.00
107.00	10700	LIVER ACQUISITION	77	77	0	77	0 107.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,244,927	1,003,971	3,006,972	987,941	760,575 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	3,475	0	3,475	0 190.00
191.00	19100	RESEARCH	135	135	0	135	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,486	8,486	13,366	8,486	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	FOUNDATION	638	638	0	638	0 194.01
194.02	07952	POISON CONTROL	0	0	0	0	0 194.02
194.03	07953	COMMUNITY EDUCATION	175	175	0	175	0 194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0 194.04
194.05	07955	MISC NONREIMBURSABLE	2,342	2,342	0	2,342	0 194.05
194.06	07956	RETAIL PHARMACY	0	0	0	0	0 194.06
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)	3,260,119	23,031,518	2,630,791	10,630,342	5,753,066 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.587031	22.597155	0.871025	10.596518	7.564101 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	143,158	3,301,622	118,449	375,571	439,296 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.113601	3.239355	0.039217	0.374376	0.577584 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,287,192					11.00
13.00	01300	65,253	410,668				13.00
14.00	01400	26,095	0	39,167,354			14.00
15.00	01500	4,170	1,935	250,888	32,581,987		15.00
16.00	01600	66,183	1,186	109	0	1,692,702,350	16.00
17.00	01700	36,799	238	1,010	159	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	31,170	0	0	0	0	21.00
22.00	02200	2,024	0	32	0	0	22.00
23.00	02300	4,432	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	514,530	166,780	1,922,966	39,443	196,217,218	30.00
31.00	03100	56,916	4,648	285,126	2,197	25,474,722	31.00
31.01	03101	57,606	2,830	272,252	2,369	24,534,277	31.01
32.00	03200	21,202	3,852	68,268	688	8,442,195	32.00
35.00	02040	203,283	12,395	886,165	8,292	117,146,759	35.00
40.00	04000	67,017	33,717	55,178	463	23,182,311	40.00
43.00	04300	5,429	2,864	0	0	10,155,297	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	125,132	32,955	594,197	28,042	123,184,807	50.00
51.00	05100	44,837	8,598	41,193	968	27,288,159	51.00
52.00	05200	39,597	2,762	0	0	23,939,596	52.00
53.00	05300	5,234	10,887	1,016,927	85,403	32,126,286	53.00
53.01	05301	7,195	95	8,261	196	2,999,373	53.01
54.00	05400	84,678	322	222,716	614	143,973,171	54.00
55.00	05500	13,383	197	33,686	320	34,745,881	55.00
55.01	05501	13,126	1,072	45,162	4,204	19,183,118	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	8,964	0	0	1,632	14,952,029	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	18,914	2,128	4,864	635	43,256,263	59.00
60.00	06000	49,396	213	448,956	784	187,007,421	60.00
60.01	06001	23,189	0	393,331	3,588	16,488,897	60.01
60.02	06003	0	0	0	0	107,403	60.02
61.00	06100						61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	41,539	0	363,221	93	23,039,276	63.00
64.00	06400	29,465	2,073	404,057	3,239	9,862,963	64.00
65.00	06500	54,603	117	17	8,508	63,558,479	65.00
65.01	06501	11,724	48	41,174	411	11,131,155	65.01
66.00	06600	8,383	0	4,053	5	8,670,428	66.00
67.00	06700	6,062	0	0	0	4,619,206	67.00
68.00	06800	12,563	0	101,448	0	4,871,041	68.00
69.00	06900	20,322	95	35,765	85,531	38,359,248	69.00
69.01	06901	5,578	734	4,131	0	864,585	69.01
69.02	06902	3,190	0	3,494	1	5,495,071	69.02
69.03	06903	27,395	4,866	157	2,341	33,259,350	69.03
69.04	06904	12,821	18,263	0	0	293,006	69.04
70.00	07000	5,715	0	5,979	1	2,631,197	70.00
70.01	07001	2,496	898	20,158	0	1,487,640	70.01
70.02	07002	8,993	1,941	133	0	6,641,673	70.02
71.00	07100	0	0	18,065,013	0	32,137,629	71.00
72.00	07200	0	0	11,746,083	0	22,469,516	72.00
73.00	07300	71,770	0	0	32,061,861	187,781,489	73.00
74.00	07400	3,556	396	833	16,679	5,927,205	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	115,318	66,115	188,661	209,278	36,338,985	90.00
91.00	09100	151,751	24,448	667,421	8,316	118,858,025	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	140	288	0	0	0	105.00
106.00	10600 HEART ACQUISITION	70	147	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	80	171	0	0	0	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,189,288	410,274	38,203,085	32,576,261	1,692,702,350	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,202	0	326	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7,252	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	16,011	40	109	0	0	194.01
194.02	07952 POISON CONTROL	18,571	201	7	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	3,343	46	1,834	8	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	40,424	107	961,993	5,718	0	194.05
194.06	07956 RETAIL PHARMACY	8,101	0	0	0	0	194.06
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)	5,650,850	10,918,870	4,662,050	2,445,065	7,436,161	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.470650	26.588071	0.119029	0.075043	0.004393	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	466,710	1,633,350	804,158	205,296	375,986	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.204054	3.977300	0.020531	0.006301	0.000222	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

Period:  
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To 12/31/2012

Worksheet B-1  
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Cost Center Description	SOCIAL SERVICE  (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	9,603					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			177,675		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				177,675	22.00
23.00 02300 PARAMED ED PRGM	0					23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,734		0	123,099	123,099	30.00
31.00 03100 INTENSIVE CARE UNIT	428		0	2,571	2,571	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	335		0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	180		0	2,495	2,495	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	1,911		0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	1,015		0	713	713	40.00
43.00 04300 NURSERY	0		0	0	0	43.00
45.00 04500 NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	18,890	18,890	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	6,521	6,521	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	4,149	4,149	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	38	38	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 ANATOMIC PATHOLOGY	0	0	0	4,099	4,099	60.01
60.02 06003 LAB-STEM CELL	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	810	810	65.00
65.01 06501 SLEEP DISORDER	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,147	1,147	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
69.02 06902 VASCULAR LAB	0	0	0	0	0	69.02
69.03 06903 ENDOSCOPY	0	0	0	0	0	69.03
69.04 06904 CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	6,066	6,066	70.00
70.01 07001 ECT	0	0	0	0	0	70.01
70.02 07002 PSYCHOTHERAPY	0	0	0	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	3,396	3,396	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			INTERNS & RESIDENTS						
			SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
						21.00	22.00		
91.00	09100	EMERGENCY	0	0	0	3,681	3,681	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,603	0	0	177,675	177,675	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01	07951	FOUNDATION	0	0	0	0	0	194.01	
194.02	07952	POISON CONTROL	0	0	0	0	0	194.02	
194.03	07953	COMMUNITY EDUCATION	0	0	0	0	0	194.03	
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04	
194.05	07955	MISC NONREIMBURSABLE	0	0	0	0	0	194.05	
194.06	07956	RETAIL PHARMACY	0	0	0	0	0	194.06	
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)	4,845,477	0	0	2,288,305	30,470,899	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	504.579506	0.000000	0.000000	12.879161	171.497954	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	141,093	0	0	28,744	967,146	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	14.692596	0.000000	0.000000	0.161779	5.443343	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

Period:  
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To 12/31/2012

Worksheet B-1  
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED PRGM	82	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	41	30.00
31.00	03100 INTENSIVE CARE UNIT	8	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT	0	31.01
32.00	03200 CORONARY CARE UNIT	8	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
43.00	04300 NURSERY	8	43.00
45.00	04500 NURSING FACILITY	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
53.01	05301 PAIN MANAGEMENT	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	55.01
56.00	05600 RADIOISOTOPE	0	56.00
56.01	05601 ULTRA SOUND	0	56.01
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 ANATOMIC PATHOLOGY	0	60.01
60.02	06003 LAB-STEM CELL	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
65.01	06501 SLEEP DISORDER	0	65.01
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	06901 CARDIAC REHAB	0	69.01
69.02	06902 VASCULAR LAB	0	69.02
69.03	06903 ENDOSCOPY	0	69.03
69.04	06904 CLINICAL NUTRITION	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001 ECT	0	70.01
70.02	07002 PSYCHOTHERAPY	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	17	90.00
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500	KIDNEY ACQUISITION	0
106.00	10600	HEART ACQUISITION	0
107.00	10700	LIVER ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	82
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0
194.01	07951	FOUNDATION	0
194.02	07952	POISON CONTROL	0
194.03	07953	COMMUNITY EDUCATION	0
194.04	07954	BILLABLE DEPARTMENTS	0
194.05	07955	MISC NONREIMBURSABLE	0
194.06	07956	RETAIL PHARMACY	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	971,880
203.00		Unit cost multiplier (Wkst. B, Part I)	11,852.195122
204.00		Cost to be allocated (per Wkst. B, Part II)	26,218
205.00		Unit cost multiplier (Wkst. B, Part II)	319.731707

Provider CCN: 260091

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

Worksheet B-2  
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	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	-504	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260091

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	80,943,103		80,943,103	1,668,885	82,611,988	30.00
31.00	03100 INTENSIVE CARE UNIT	9,429,677		9,429,677	4,969	9,434,646	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT	8,670,781		8,670,781	0	8,670,781	31.01
32.00	03200 CORONARY CARE UNIT	3,721,123		3,721,123	0	3,721,123	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	34,810,136		34,810,136	0	34,810,136	35.00
40.00	04000 SUBPROVIDER - IPF	11,323,547		11,323,547	18,656	11,342,203	40.00
43.00	04300 NURSERY	1,336,653		1,336,653	0	1,336,653	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	33,685,335		33,685,335	29,710	33,715,045	50.00
51.00	05100 RECOVERY ROOM	7,672,495		7,672,495	0	7,672,495	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,675,050		6,675,050	0	6,675,050	52.00
53.00	05300 ANESTHESIOLOGY	3,343,683		3,343,683	21,244	3,364,927	53.00
53.01	05301 PAIN MANAGEMENT	1,276,898		1,276,898	39,549	1,316,447	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,284,742		16,284,742	0	16,284,742	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,215,387		6,215,387	22,625	6,238,012	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	3,200,459		3,200,459	0	3,200,459	55.01
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 ULTRA SOUND	1,484,420		1,484,420	0	1,484,420	56.01
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,803,168		6,803,168	15,037	6,818,205	59.00
60.00	06000 LABORATORY	14,854,186		14,854,186	0	14,854,186	60.00
60.01	06001 ANATOMICAL PATHOLOGY	4,890,760		4,890,760	0	4,890,760	60.01
60.02	06003 LAB-STEM CELL	7,473		7,473	0	7,473	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,846,976		6,846,976	0	6,846,976	63.00
64.00	06400 INTRAVENOUS THERAPY	5,390,143		5,390,143	22,958	5,413,101	64.00
65.00	06500 RESPIRATORY THERAPY	10,501,464	0	10,501,464	4,750	10,506,214	65.00
65.01	06501 SLEEP DISORDER	1,888,190	0	1,888,190	8,484	1,896,674	65.01
66.00	06600 PHYSICAL THERAPY	3,450,670	0	3,450,670	0	3,450,670	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,104,730	0	1,104,730	0	1,104,730	67.00
68.00	06800 SPEECH PATHOLOGY	1,854,898	0	1,854,898	0	1,854,898	68.00
69.00	06900 ELECTROCARDIOLOGY	4,089,783		4,089,783	1,390	4,091,173	69.00
69.01	06901 CARDIAC REHAB	1,017,434		1,017,434	3,299	1,020,733	69.01
69.02	06902 VASCULAR LAB	1,061,079		1,061,079	1,783	1,062,862	69.02
69.03	06903 ENDOSCOPY	5,448,696		5,448,696	0	5,448,696	69.03
69.04	06904 CLINICAL NUTRITION	1,660,878		1,660,878	0	1,660,878	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	1,576,106		1,576,106	0	1,576,106	70.00
70.01	07001 ECT	544,463		544,463	6,822	551,285	70.01
70.02	07002 PSYCHOTHERAPY	1,453,418		1,453,418	5,252	1,458,670	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,064,618		26,064,618	0	26,064,618	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,240,861		17,240,861	0	17,240,861	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	44,109,627		44,109,627	0	44,109,627	73.00
74.00	07400 RENAL DIALYSIS	2,124,758		2,124,758	0	2,124,758	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	25,041,173		25,041,173	13,953	25,055,126	90.00
91.00	09100 EMERGENCY	22,976,413		22,976,413	0	22,976,413	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,532,866		6,532,866		6,532,866	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	375,149		375,149		375,149	105.00
106.00	10600 HEART ACQUISITION	149,397		149,397		149,397	106.00
107.00	10700 LIVER ACQUISITION	164,349		164,349		164,349	107.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	449,297,215	0	449,297,215	1,889,366	451,186,581	200.00
201.00	Less Observation Beds	6,532,866		6,532,866		6,532,866	201.00
202.00	Total (see instructions)	442,764,349	0	442,764,349	1,889,366	444,653,715	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/31/2013 3:06 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	192,113,900		192,113,900			30.00
31.00	03100	INTENSIVE CARE UNIT	25,014,623		25,014,623			31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	23,932,604		23,932,604			31.01
32.00	03200	CORONARY CARE UNIT	8,389,276		8,389,276			32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	116,357,212		116,357,212			35.00
40.00	04000	SUBPROVIDER - IPF	23,101,221		23,101,221			40.00
43.00	04300	NURSERY	10,109,053		10,109,053			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	55,811,409	62,865,026	118,676,435	0.283842	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,266,508	21,060,350	26,326,858	0.291432	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,252,829	5,686,767	23,939,596	0.278829	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,424,060	14,789,322	31,213,382	0.107123	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	794,376	2,122,905	2,917,281	0.437701	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,221,634	91,778,011	139,999,645	0.116320	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	554,858	32,338,673	32,893,531	0.188955	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	1,795,720	16,667,649	18,463,369	0.173341	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	ULTRA SOUND	5,217,724	9,382,678	14,600,402	0.101670	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,623,029	23,324,460	41,947,489	0.162183	0.000000	59.00
60.00	06000	LABORATORY	108,336,971	73,904,037	182,241,008	0.081508	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,944,465	11,074,650	16,019,115	0.305308	0.000000	60.01
60.02	06003	LAB-STEM CELL	91,235	16,168	107,403	0.069579	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,603,549	6,036,392	22,639,941	0.302429	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	986,938	8,556,502	9,543,440	0.564801	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	57,661,086	4,912,261	62,573,347	0.167826	0.000000	65.00
65.01	06501	SLEEP DISORDER	175,758	10,418,994	10,594,752	0.178219	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,909,723	2,645,277	8,555,000	0.403351	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,185,535	1,358,633	4,544,168	0.243109	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,501,836	3,299,744	4,801,580	0.386310	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,175,941	20,290,877	37,466,818	0.109157	0.000000	69.00
69.01	06901	CARDIAC REHAB	1,961	837,204	839,165	1.212436	0.000000	69.01
69.02	06902	VASCULAR LAB	2,775,134	2,599,071	5,374,205	0.197439	0.000000	69.02
69.03	06903	ENDOSCOPY	4,965,395	26,939,687	31,905,082	0.170778	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	1,350	285,700	287,050	5.786023	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,127,741	1,460,635	2,588,376	0.608917	0.000000	70.00
70.01	07001	ECT	736,575	741,405	1,477,980	0.368383	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	18,240	6,606,634	6,624,874	0.219388	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,756,764	6,380,864	32,137,628	0.811031	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,110,579	8,358,938	22,469,517	0.767300	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,518,983	102,262,400	187,781,383	0.234899	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,479,069	2,432,978	5,912,047	0.359395	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,897,164	33,990,817	35,887,981	0.697759	0.000000	90.00
91.00	09100	EMERGENCY	33,207,073	83,871,748	117,078,821	0.196247	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,521,437	30,521,437	0.214042	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	12,222	154,715	166,937			105.00
106.00	10600	HEART ACQUISITION	4,033	69,069	73,102			106.00
107.00	10700	LIVER ACQUISITION	6,125	205,347	211,472			107.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	960,171,481	730,248,025	1,690,419,506			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	960,171,481	730,248,025	1,690,419,506			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - I PF		40.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.284092	50.00
51.00	05100	RECOVERY ROOM	0.291432	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.278829	52.00
53.00	05300	ANESTHESIOLOGY	0.107804	53.00
53.01	05301	PAIN MANAGEMENT	0.451258	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116320	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.189643	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.173341	55.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	05601	ULTRA SOUND	0.101670	56.01
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162541	59.00
60.00	06000	LABORATORY	0.081508	60.00
60.01	06001	ANATOMIC PATHOLOGY	0.305308	60.01
60.02	06003	LAB-STEM CELL	0.069579	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.302429	63.00
64.00	06400	INTRAVENOUS THERAPY	0.567206	64.00
65.00	06500	RESPIRATORY THERAPY	0.167902	65.00
65.01	06501	SLEEP DISORDER	0.179020	65.01
66.00	06600	PHYSICAL THERAPY	0.403351	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243109	67.00
68.00	06800	SPEECH PATHOLOGY	0.386310	68.00
69.00	06900	ELECTROCARDIOLOGY	0.109195	69.00
69.01	06901	CARDIAC REHAB	1.216367	69.01
69.02	06902	VASCULAR LAB	0.197771	69.02
69.03	06903	ENDOSCOPY	0.170778	69.03
69.04	06904	CLINICAL NUTRITION	5.786023	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.608917	70.00
70.01	07001	ECT	0.372999	70.01
70.02	07002	PSYCHOTHERAPY	0.220181	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.811031	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.767300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.234899	73.00
74.00	07400	RENAL DIALYSIS	0.359395	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.698148	90.00
91.00	09100	EMERGENCY	0.196247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.214042	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260091

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	80,943,103		80,943,103	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	9,429,677		9,429,677	0	0 31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT	8,670,781		8,670,781	0	0 31.01
32.00	03200 CORONARY CARE UNIT	3,721,123		3,721,123	0	0 32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	34,810,136		34,810,136	0	0 35.00
40.00	04000 SUBPROVIDER - IPF	11,323,547		11,323,547	0	0 40.00
43.00	04300 NURSERY	1,336,653		1,336,653	0	0 43.00
45.00	04500 NURSING FACILITY	0		0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	33,685,335		33,685,335	0	0 50.00
51.00	05100 RECOVERY ROOM	7,672,495		7,672,495	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,675,050		6,675,050	0	0 52.00
53.00	05300 ANESTHESIOLOGY	3,343,683		3,343,683	0	0 53.00
53.01	05301 PAIN MANAGEMENT	1,276,898		1,276,898	0	0 53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,284,742		16,284,742	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,215,387		6,215,387	0	0 55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	3,200,459		3,200,459	0	0 55.01
56.00	05600 RADIOISOTOPE	0		0	0	0 56.00
56.01	05601 ULTRA SOUND	1,484,420		1,484,420	0	0 56.01
57.00	05700 CT SCAN	0		0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	6,803,168		6,803,168	0	0 59.00
60.00	06000 LABORATORY	14,854,186		14,854,186	0	0 60.00
60.01	06001 ANATOMICAL PATHOLOGY	4,890,760		4,890,760	0	0 60.01
60.02	06003 LAB-STEM CELL	7,473		7,473	0	0 60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0 61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,846,976		6,846,976	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	5,390,143		5,390,143	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	10,501,464	0	10,501,464	0	0 65.00
65.01	06501 SLEEP DISORDER	1,888,190	0	1,888,190	0	0 65.01
66.00	06600 PHYSICAL THERAPY	3,450,670	0	3,450,670	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	1,104,730	0	1,104,730	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	1,854,898	0	1,854,898	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	4,089,783		4,089,783	0	0 69.00
69.01	06901 CARDIAC REHAB	1,017,434		1,017,434	0	0 69.01
69.02	06902 VASCULAR LAB	1,061,079		1,061,079	0	0 69.02
69.03	06903 ENDOSCOPY	5,448,696		5,448,696	0	0 69.03
69.04	06904 CLINICAL NUTRITION	1,660,878		1,660,878	0	0 69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	1,576,106		1,576,106	0	0 70.00
70.01	07001 ECT	544,463		544,463	0	0 70.01
70.02	07002 PSYCHOTHERAPY	1,453,418		1,453,418	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,064,618		26,064,618	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,240,861		17,240,861	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	44,109,627		44,109,627	0	0 73.00
74.00	07400 RENAL DIALYSIS	2,124,758		2,124,758	0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	25,041,173		25,041,173	0	0 90.00
91.00	09100 EMERGENCY	22,976,413		22,976,413	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,532,866		6,532,866	0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	375,149		375,149	0	0 105.00
106.00	10600 HEART ACQUISITION	149,397		149,397	0	0 106.00
107.00	10700 LIVER ACQUISITION	164,349		164,349	0	0 107.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	449,297,215	0	449,297,215	0	0 200.00
201.00	Less Observation Beds	6,532,866		6,532,866		0 201.00
202.00	Total (see instructions)	442,764,349	0	442,764,349	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/31/2013 3:06 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	192,113,900		192,113,900			30.00
31.00	03100	INTENSIVE CARE UNIT	25,014,623		25,014,623			31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	23,932,604		23,932,604			31.01
32.00	03200	CORONARY CARE UNIT	8,389,276		8,389,276			32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	116,357,212		116,357,212			35.00
40.00	04000	SUBPROVIDER - IPF	23,101,221		23,101,221			40.00
43.00	04300	NURSERY	10,109,053		10,109,053			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	55,811,409	62,865,026	118,676,435	0.283842	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,266,508	21,060,350	26,326,858	0.291432	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,252,829	5,686,767	23,939,596	0.278829	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,424,060	14,789,322	31,213,382	0.107123	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	794,376	2,122,905	2,917,281	0.437701	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,221,634	91,778,011	139,999,645	0.116320	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	554,858	32,338,673	32,893,531	0.188955	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	1,795,720	16,667,649	18,463,369	0.173341	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	ULTRA SOUND	5,217,724	9,382,678	14,600,402	0.101670	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,623,029	23,324,460	41,947,489	0.162183	0.000000	59.00
60.00	06000	LABORATORY	108,336,971	73,904,037	182,241,008	0.081508	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,944,465	11,074,650	16,019,115	0.305308	0.000000	60.01
60.02	06003	LAB-STEM CELL	91,235	16,168	107,403	0.069579	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,603,549	6,036,392	22,639,941	0.302429	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	986,938	8,556,502	9,543,440	0.564801	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	57,661,086	4,912,261	62,573,347	0.167826	0.000000	65.00
65.01	06501	SLEEP DISORDER	175,758	10,418,994	10,594,752	0.178219	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,909,723	2,645,277	8,555,000	0.403351	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,185,535	1,358,633	4,544,168	0.243109	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,501,836	3,299,744	4,801,580	0.386310	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,175,941	20,290,877	37,466,818	0.109157	0.000000	69.00
69.01	06901	CARDIAC REHAB	1,961	837,204	839,165	1.212436	0.000000	69.01
69.02	06902	VASCULAR LAB	2,775,134	2,599,071	5,374,205	0.197439	0.000000	69.02
69.03	06903	ENDOSCOPY	4,965,395	26,939,687	31,905,082	0.170778	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	1,350	285,700	287,050	5.786023	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,127,741	1,460,635	2,588,376	0.608917	0.000000	70.00
70.01	07001	ECT	736,575	741,405	1,477,980	0.368383	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	18,240	6,606,634	6,624,874	0.219388	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,756,764	6,380,864	32,137,628	0.811031	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,110,579	8,358,938	22,469,517	0.767300	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,518,983	102,262,400	187,781,383	0.234899	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,479,069	2,432,978	5,912,047	0.359395	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,897,164	33,990,817	35,887,981	0.697759	0.000000	90.00
91.00	09100	EMERGENCY	33,207,073	83,871,748	117,078,821	0.196247	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,521,437	30,521,437	0.214042	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	12,222	154,715	166,937			105.00
106.00	10600	HEART ACQUISITION	4,033	69,069	73,102			106.00
107.00	10700	LIVER ACQUISITION	6,125	205,347	211,472			107.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	960,171,481	730,248,025	1,690,419,506			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	960,171,481	730,248,025	1,690,419,506			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/31/2013 3:06 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	55.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	05601	ULTRA SOUND	0.000000	56.01
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	ANATOMIC PATHOLOGY	0.000000	60.01
60.02	06003	LAB-STEM CELL	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
65.01	06501	SLEEP DISORDER	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
69.01	06901	CARDIAC REHAB	0.000000	69.01
69.02	06902	VASCULAR LAB	0.000000	69.02
69.03	06903	ENDOSCOPY	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
70.01	07001	ECT	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/31/2013 3:06 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	03000	ADULTS & PEDIATRICS	6,830,645	0	6,830,645	89,695	76.15	30.00
31.00	03100	INTENSIVE CARE UNIT	588,009		588,009	6,351	92.59	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	440,143		440,143	4,936	89.17	31.01
32.00	03200	CORONARY CARE UNIT	287,057		287,057	2,675	107.31	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	1,832,555		1,832,555	28,253	64.86	35.00
40.00	04000	SUBPROVIDER - IPF	1,235,624	0	1,235,624	15,069	82.00	40.00
43.00	04300	NURSERY	69,825		69,825	5,792	12.06	43.00
45.00	04500	NURSING FACILITY	0		0	0	0.00	45.00
200.00		Total (lines 30-199)	11,283,858		11,283,858	152,771		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVIII	Hospital	PPS

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	03000 ADULTS & PEDIATRICS	20,463	1,558,257	30.00
31.00	03100 INTENSIVE CARE UNIT	2,825	261,567	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT	73	6,509	31.01
32.00	03200 CORONARY CARE UNIT	668	71,683	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00	04000 SUBPROVIDER - I PF	3,911	320,702	40.00
43.00	04300 NURSERY	0	0	43.00
45.00	04500 NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	27,940	2,218,718	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/31/2013 3:06 pm	
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)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,657,621	118,676,435	0.030820	10,356,076	319,174	50.00
51.00	05100	RECOVERY ROOM	466,663	26,326,858	0.017726	1,150,574	20,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	413,722	23,939,596	0.017282	161,228	2,786	52.00
53.00	05300	ANESTHESIOLOGY	426,579	31,213,382	0.013667	2,135,561	29,187	53.00
53.01	05301	PAIN MANAGEMENT	392,252	2,917,281	0.134458	107,785	14,493	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,612,007	139,999,645	0.018657	13,685,439	255,329	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,449,850	32,893,531	0.044077	341,232	15,040	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	177,700	18,463,369	0.009624	760,738	7,321	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ULTRA SOUND	103,013	14,600,402	0.007055	880,878	6,215	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,752,500	41,947,489	0.065618	4,781,955	313,782	59.00
60.00	06000	LABORATORY	688,096	182,241,008	0.003776	22,081,376	83,379	60.00
60.01	06001	ANATOMIC PATHOLOGY	534,977	16,019,115	0.033396	625,738	20,897	60.01
60.02	06003	LAB-STEM CELL	95	107,403	0.000885	4,417	4	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	175,558	22,639,941	0.007754	3,532,614	27,392	63.00
64.00	06400	INTRAVENOUS THERAPY	380,180	9,543,440	0.039837	387,907	15,453	64.00
65.00	06500	RESPIRATORY THERAPY	586,206	62,573,347	0.009368	8,061,381	75,519	65.00
65.01	06501	SLEEP DISORDER	88,818	10,594,752	0.008383	21	0	65.01
66.00	06600	PHYSICAL THERAPY	398,780	8,555,000	0.046614	1,728,067	80,552	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,198	4,544,168	0.012587	522,952	6,582	67.00
68.00	06800	SPEECH PATHOLOGY	94,702	4,801,580	0.019723	262,012	5,168	68.00
69.00	06900	ELECTROCARDIOLOGY	412,163	37,466,818	0.011001	3,556,012	39,120	69.00
69.01	06901	CARDIAC REHAB	104,475	839,165	0.124499	1,103	137	69.01
69.02	06902	VASCULAR LAB	657,158	5,374,205	0.122280	1,490,162	182,217	69.02
69.03	06903	ENDOSCOPY	583,992	31,905,082	0.018304	1,728,797	31,644	69.03
69.04	06904	CLINICAL NUTRITION	113,624	287,050	0.395833	464	184	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	97,733	2,588,376	0.037758	161,627	6,103	70.00
70.01	07001	ECT	54,438	1,477,980	0.036833	86,752	3,195	70.01
70.02	07002	PSYCHOTHERAPY	870,621	6,624,874	0.131417	10,648	1,399	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	618,685	32,137,628	0.019251	5,645,379	108,679	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	405,518	22,469,517	0.018047	3,525,064	63,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	817,022	187,781,383	0.004351	19,379,967	84,322	73.00
74.00	07400	RENAL DIALYSIS	73,984	5,912,047	0.012514	2,049,890	25,652	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,499,782	35,887,981	0.069655	0	0	90.00
91.00	09100	EMERGENCY	1,853,754	117,078,821	0.015833	8,356,926	132,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	540,157	30,521,437	0.017698	0	0	92.00
200.00		Total (lines 50-199)	25,159,623	1,290,950,106		117,560,742	1,977,252	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/31/2013 3:06 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
						4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	485,939	0	0	485,939	30.00
31.00	03100	INTENSIVE CARE UNIT	0	94,818	0	0	94,818	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	94,818	0	0	94,818	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	94,818	0	0	94,818	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	770,393	0	0	770,393	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	89,695	5.42	20,463	110,909		30.00
31.00 03100 INTENSIVE CARE UNIT	6,351	14.93	2,825	42,177		31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	4,936	0.00	73	0		31.01
32.00 03200 CORONARY CARE UNIT	2,675	35.45	668	23,681		32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	28,253	0.00	0	0		35.00
40.00 04000 SUBPROVIDER - I PF	15,069	0.00	3,911	0		40.00
43.00 04300 NURSERY	5,792	16.37	0	0		43.00
45.00 04500 NURSING FACILITY	0	0.00	0	0		45.00
200.00 Total (lines 30-199)	152,771		27,940	176,767		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/31/2013 3:06 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	0	0	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	06501	SLEEP DISORDER	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
69.02	06902	VASCULAR LAB	0	0	0	0	0	0	69.02
69.03	06903	ENDOSCOPY	0	0	0	0	0	0	69.03
69.04	06904	CLINICAL NUTRITION	0	0	0	0	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	07001	ECT	0	0	0	0	0	0	70.01
70.02	07002	PSYCHOTHERAPY	0	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	201,487	0	0	201,487	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	38,426	0	0	38,426	92.00
200.00		Total (lines 50-199)	0	0	239,913	0	0	239,913	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/31/2013 3:06 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	118,676,435	0.000000	0.000000	10,356,076	50.00
51.00	05100 RECOVERY ROOM	0	26,326,858	0.000000	0.000000	1,150,574	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	23,939,596	0.000000	0.000000	161,228	52.00
53.00	05300 ANESTHESIOLOGY	0	31,213,382	0.000000	0.000000	2,135,561	53.00
53.01	05301 PAIN MANAGEMENT	0	2,917,281	0.000000	0.000000	107,785	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	139,999,645	0.000000	0.000000	13,685,439	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	32,893,531	0.000000	0.000000	341,232	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	18,463,369	0.000000	0.000000	760,738	55.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601 ULTRA SOUND	0	14,600,402	0.000000	0.000000	880,878	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,947,489	0.000000	0.000000	4,781,955	59.00
60.00	06000 LABORATORY	0	182,241,008	0.000000	0.000000	22,081,376	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	16,019,115	0.000000	0.000000	625,738	60.01
60.02	06003 LAB-STEM CELL	0	107,403	0.000000	0.000000	4,417	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	22,639,941	0.000000	0.000000	3,532,614	63.00
64.00	06400 INTRAVENOUS THERAPY	0	9,543,440	0.000000	0.000000	387,907	64.00
65.00	06500 RESPIRATORY THERAPY	0	62,573,347	0.000000	0.000000	8,061,381	65.00
65.01	06501 SLEEP DISORDER	0	10,594,752	0.000000	0.000000	21	65.01
66.00	06600 PHYSICAL THERAPY	0	8,555,000	0.000000	0.000000	1,728,067	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,544,168	0.000000	0.000000	522,952	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,801,580	0.000000	0.000000	262,012	68.00
69.00	06900 ELECTROCARDIOLOGY	0	37,466,818	0.000000	0.000000	3,556,012	69.00
69.01	06901 CARDIAC REHAB	0	839,165	0.000000	0.000000	1,103	69.01
69.02	06902 VASCULAR LAB	0	5,374,205	0.000000	0.000000	1,490,162	69.02
69.03	06903 ENDOSCOPY	0	31,905,082	0.000000	0.000000	1,728,797	69.03
69.04	06904 CLINICAL NUTRITION	0	287,050	0.000000	0.000000	464	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,588,376	0.000000	0.000000	161,627	70.00
70.01	07001 ECT	0	1,477,980	0.000000	0.000000	86,752	70.01
70.02	07002 PSYCHOTHERAPY	0	6,624,874	0.000000	0.000000	10,648	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,137,628	0.000000	0.000000	5,645,379	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	22,469,517	0.000000	0.000000	3,525,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	187,781,383	0.000000	0.000000	19,379,967	73.00
74.00	07400 RENAL DIALYSIS	0	5,912,047	0.000000	0.000000	2,049,890	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	201,487	35,887,981	0.005614	0.005614	0	90.00
91.00	09100 EMERGENCY	0	117,078,821	0.000000	0.000000	8,356,926	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	38,426	30,521,437	0.001259	0.001259	0	92.00
200.00	Total (Lines 50-199)	239,913	1,290,950,106			117,560,742	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/31/2013 3:06 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)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	8,374,455	0		50.00
51.00	05100 RECOVERY ROOM	0	4,319,200	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	37,800	0		52.00
53.00	05300 ANESTHESIOLOGY	0	2,061,628	0		53.00
53.01	05301 PAIN MANAGEMENT	0	16,327	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	21,945,927	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,083,472	0		55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	3,282,807	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
56.01	05601 ULTRASOUND	0	1,175,635	0		56.01
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,081,867	0		59.00
60.00	06000 LABORATORY	0	291,197	0		60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	1,270,756	0		60.01
60.02	06003 LAB-STEM CELL	0	0	0		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	660,804	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,907,801	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	2,438,493	0		65.00
65.01	06501 SLEEP DISORDER	0	533,836	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,256,550	0		69.00
69.01	06901 CARDIAC REHAB	0	320,851	0		69.01
69.02	06902 VASCULAR LAB	0	1,515,293	0		69.02
69.03	06903 ENDOSCOPY	0	5,479,949	0		69.03
69.04	06904 CLINICAL NUTRITION	0	0	0		69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	129,199	0		70.00
70.01	07001 ECT	0	324,415	0		70.01
70.02	07002 PSYCHOTHERAPY	0	2,102,373	0		70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,110,665	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,539,592	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,936,156	0		73.00
74.00	07400 RENAL DIALYSIS	0	199,435	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	2,965,255	16,647		90.00
91.00	09100 EMERGENCY	0	7,693,310	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,454,224	8,126		92.00
200.00	Total (lines 50-199)	0	121,509,272	24,773		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.283842	8,374,455	11,047	689	2,377,022
51.00 05100 RECOVERY ROOM	0.291432	4,319,200	0	0	1,258,753
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.278829	37,800	0	0	10,540
53.00 05300 ANESTHESIOLOGY	0.107123	2,061,628	0	0	220,848
53.01 05301 PAIN MANAGEMENT	0.437701	16,327	0	0	7,146
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.116320	21,945,927	32	460	2,552,750
55.00 05500 RADIOLOGY-THERAPEUTIC	0.188955	7,083,472	0	0	1,338,457
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.173341	3,282,807	0	1	569,045
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 05601 ULTRA SOUND	0.101670	1,175,635	0	0	119,527
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.162183	6,081,867	0	0	986,375
60.00 06000 LABORATORY	0.081508	291,197	0	0	23,735
60.01 06001 ANATOMICAL PATHOLOGY	0.305308	1,270,756	0	0	387,972
60.02 06003 LAB-STEM CELL	0.069579	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.302429	660,804	0	0	199,846
64.00 06400 INTRAVENOUS THERAPY	0.564801	2,907,801	0	0	1,642,329
65.00 06500 RESPIRATORY THERAPY	0.167826	2,438,493	1,202	17,496	409,243
65.01 06501 SLEEP DISORDER	0.178219	533,836	0	0	95,140
66.00 06600 PHYSICAL THERAPY	0.403351	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.243109	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.386310	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.109157	3,256,550	0	0	355,475
69.01 06901 CARDIAC REHAB	1.212436	320,851	0	0	389,011
69.02 06902 VASCULAR LAB	0.197439	1,515,293	0	0	299,178
69.03 06903 ENDOSCOPY	0.170778	5,479,949	0	0	935,855
69.04 06904 CLINICAL NUTRITION	5.786023	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.608917	129,199	0	0	78,671
70.01 07001 ECT	0.368383	324,415	0	0	119,509
70.02 07002 PSYCHOTHERAPY	0.219388	2,102,373	0	0	461,235
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.811031	2,110,665	0	0	1,711,815
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.767300	2,539,592	0	0	1,948,629
73.00 07300 DRUGS CHARGED TO PATIENTS	0.234899	23,936,156	13,842	201,469	5,622,579
74.00 07400 RENAL DIALYSIS	0.359395	199,435	490	4,436	71,676
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.697759	2,965,255	305	0	2,069,033
91.00 09100 EMERGENCY	0.196247	7,693,310	0	0	1,509,789
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.214042	6,454,224	0	0	1,381,475
200.00		Subtotal (see instructions)	121,509,272	26,918	224,551
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 +/- line 201)	121,509,272	26,918	224,551

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/31/2013 3:06 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	3,136	196		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
53.01 05301 PAIN MANAGEMENT	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	4	54		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
60.02 06003 LAB-STEM CELL	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	202	2,936		65.00
65.01 06501 SLEEP DISORDER	0	0		65.01
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
69.01 06901 CARDIAC REHAB	0	0		69.01
69.02 06902 VASCULAR LAB	0	0		69.02
69.03 06903 ENDOSCOPY	0	0		69.03
69.04 06904 CLINICAL NUTRITION	0	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ECT	0	0		70.01
70.02 07002 PSYCHOTHERAPY	0	0		70.02
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	3,251	47,325		73.00
74.00 07400 RENAL DIALYSIS	176	1,594		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	213	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	6,982	52,105		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	6,982	52,105		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/31/2013 3:06 pm	
			Title XVIIII		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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,657,621	118,676,435	0.030820	0	0	50.00
51.00	05100	RECOVERY ROOM	466,663	26,326,858	0.017726	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	413,722	23,939,596	0.017282	0	0	52.00
53.00	05300	ANESTHESIOLOGY	426,579	31,213,382	0.013667	43,055	588	53.00
53.01	05301	PAIN MANAGEMENT	392,252	2,917,281	0.134458	465	63	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,612,007	139,999,645	0.018657	157,132	2,932	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,449,850	32,893,531	0.044077	4	0	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	177,700	18,463,369	0.009624	4,855	47	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ULTRA SOUND	103,013	14,600,402	0.007055	4,426	31	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,752,500	41,947,489	0.065618	3,542	232	59.00
60.00	06000	LABORATORY	688,096	182,241,008	0.003776	659,165	2,489	60.00
60.01	06001	ANATOMIC PATHOLOGY	534,977	16,019,115	0.033396	2,601	87	60.01
60.02	06003	LAB-STEM CELL	95	107,403	0.000885	6	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	175,558	22,639,941	0.007754	5,087	39	63.00
64.00	06400	INTRAVENOUS THERAPY	380,180	9,543,440	0.039837	2,814	112	64.00
65.00	06500	RESPIRATORY THERAPY	586,206	62,573,347	0.009368	48,740	457	65.00
65.01	06501	SLEEP DISORDER	88,818	10,594,752	0.008383	0	0	65.01
66.00	06600	PHYSICAL THERAPY	398,780	8,555,000	0.046614	58,400	2,722	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,198	4,544,168	0.012587	5,942	75	67.00
68.00	06800	SPEECH PATHOLOGY	94,702	4,801,580	0.019723	2,939	58	68.00
69.00	06900	ELECTROCARDIOLOGY	412,163	37,466,818	0.011001	28,839	317	69.00
69.01	06901	CARDIAC REHAB	104,475	839,165	0.124499	0	0	69.01
69.02	06902	VASCULAR LAB	657,158	5,374,205	0.122280	4,565	558	69.02
69.03	06903	ENDOSCOPY	583,992	31,905,082	0.018304	6,222	114	69.03
69.04	06904	CLINICAL NUTRITION	113,624	287,050	0.395833	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	97,733	2,588,376	0.037758	2,545	96	70.00
70.01	07001	ECT	54,438	1,477,980	0.036833	166,635	6,138	70.01
70.02	07002	PSYCHOTHERAPY	870,621	6,624,874	0.131417	4,052	533	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	618,685	32,137,628	0.019251	17,013	328	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	405,518	22,469,517	0.018047	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	817,022	187,781,383	0.004351	893,641	3,888	73.00
74.00	07400	RENAL DIALYSIS	73,984	5,912,047	0.012514	16,594	208	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,499,782	35,887,981	0.069655	0	0	90.00
91.00	09100	EMERGENCY	1,853,754	117,078,821	0.015833	419,364	6,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,521,437	0.000000	0	0	92.00
200.00		Total (lines 50-199)	24,619,466	1,290,950,106		2,558,643	28,752	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/31/2013 3:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP DISORDER	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
69.02	06902 VASCULAR LAB	0	0	0	0	0	69.02
69.03	06903 ENDOSCOPY	0	0	0	0	0	69.03
69.04	06904 CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 ECT	0	0	0	0	0	70.01
70.02	07002 PSYCHOTHERAPY	0	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	201,487	0	201,487	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	201,487	0	201,487	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 5/31/2013 3:06 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	118,676,435	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	26,326,858	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,939,596	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	31,213,382	0.000000	0.000000	43,055	53.00
53.01	05301	PAIN MANAGEMENT	0	2,917,281	0.000000	0.000000	465	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	139,999,645	0.000000	0.000000	157,132	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	32,893,531	0.000000	0.000000	4	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	18,463,369	0.000000	0.000000	4,855	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0	14,600,402	0.000000	0.000000	4,426	56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	41,947,489	0.000000	0.000000	3,542	59.00
60.00	06000	LABORATORY	0	182,241,008	0.000000	0.000000	659,165	60.00
60.01	06001	ANATOMIC PATHOLOGY	0	16,019,115	0.000000	0.000000	2,601	60.01
60.02	06003	LAB-STEM CELL	0	107,403	0.000000	0.000000	6	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	22,639,941	0.000000	0.000000	5,087	63.00
64.00	06400	INTRAVENOUS THERAPY	0	9,543,440	0.000000	0.000000	2,814	64.00
65.00	06500	RESPIRATORY THERAPY	0	62,573,347	0.000000	0.000000	48,740	65.00
65.01	06501	SLEEP DISORDER	0	10,594,752	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	8,555,000	0.000000	0.000000	58,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,544,168	0.000000	0.000000	5,942	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,801,580	0.000000	0.000000	2,939	68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,466,818	0.000000	0.000000	28,839	69.00
69.01	06901	CARDIAC REHAB	0	839,165	0.000000	0.000000	0	69.01
69.02	06902	VASCULAR LAB	0	5,374,205	0.000000	0.000000	4,565	69.02
69.03	06903	ENDOSCOPY	0	31,905,082	0.000000	0.000000	6,222	69.03
69.04	06904	CLINICAL NUTRITION	0	287,050	0.000000	0.000000	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,588,376	0.000000	0.000000	2,545	70.00
70.01	07001	ECT	0	1,477,980	0.000000	0.000000	166,635	70.01
70.02	07002	PSYCHOTHERAPY	0	6,624,874	0.000000	0.000000	4,052	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,137,628	0.000000	0.000000	17,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,469,517	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	187,781,383	0.000000	0.000000	893,641	73.00
74.00	07400	RENAL DIALYSIS	0	5,912,047	0.000000	0.000000	16,594	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	201,487	35,887,981	0.005614	0.005614	0	90.00
91.00	09100	EMERGENCY	0	117,078,821	0.000000	0.000000	419,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,521,437	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	201,487	1,290,950,106			2,558,643	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/31/2013 3:06 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)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	37	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,753	0	52.00
53.00	05300 ANESTHESIOLOGY	0	60	0	53.00
53.01	05301 PAIN MANAGEMENT	0	3,534	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	11	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRASOUND	0	222	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	459	0	59.00
60.00	06000 LABORATORY	0	19	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,967	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	187	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	141	0	65.00
65.01	06501 SLEEP DISORDER	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	749	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
69.02	06902 VASCULAR LAB	0	583	0	69.02
69.03	06903 ENDOSCOPY	0	608	0	69.03
69.04	06904 CLINICAL NUTRITION	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 ECT	0	24,150	0	70.01
70.02	07002 PSYCHOTHERAPY	0	3,865,719	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,791	0	73.00
74.00	07400 RENAL DIALYSIS	0	13	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	473	3	90.00
91.00	09100 EMERGENCY	0	719	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	402	0	92.00
200.00	Total (lines 50-199)	0	3,912,597	3	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/31/2013 3:06 pm			
		Component CCN: 26S091	Title XVII	Subprovider - IPF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.283842	37	0	0	11	50.00
51.00	05100 RECOVERY ROOM	0.291432	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.278829	7,753	0	0	2,162	52.00
53.00	05300 ANESTHESIOLOGY	0.107123	60	0	0	6	53.00
53.01	05301 PAIN MANAGEMENT	0.437701	3,534	0	0	1,547	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.116320	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.188955	0	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.173341	11	0	0	2	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601 ULTRA SOUND	0.101670	222	0	0	23	56.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.162183	459	0	0	74	59.00
60.00	06000 LABORATORY	0.081508	19	0	0	2	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.305308	0	0	0	0	60.01
60.02	06003 LAB-STEM CELL	0.069579	0	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.302429	1,967	0	0	595	63.00
64.00	06400 INTRAVENOUS THERAPY	0.564801	187	0	0	106	64.00
65.00	06500 RESPIRATORY THERAPY	0.167826	141	0	0	24	65.00
65.01	06501 SLEEP DISORDER	0.178219	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.403351	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.243109	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.386310	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.109157	749	0	0	82	69.00
69.01	06901 CARDIAC REHAB	1.212436	0	0	0	0	69.01
69.02	06902 VASCULAR LAB	0.197439	583	0	0	115	69.02
69.03	06903 ENDOSCOPY	0.170778	608	0	0	104	69.03
69.04	06904 CLINICAL NUTRITION	5.786023	0	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0.608917	0	0	0	0	70.00
70.01	07001 ECT	0.368383	24,150	0	0	8,896	70.01
70.02	07002 PSYCHOTHERAPY	0.219388	3,865,719	0	0	848,092	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.811031	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.767300	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.234899	4,791	0	0	1,125	73.00
74.00	07400 RENAL DIALYSIS	0.359395	13	0	0	5	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.697759	473	0	0	330	90.00
91.00	09100 EMERGENCY	0.196247	719	0	0	141	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.214042	402	0	0	86	92.00
200.00	Subtotal (see instructions)		3,912,597	0	0	863,528	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		3,912,597	0	0	863,528	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
53.01 05301 PAIN MANAGEMENT	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
60.02 06003 LAB-STEM CELL	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP DISORDER	0	0		65.01
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
69.01 06901 CARDIAC REHAB	0	0		69.01
69.02 06902 VASCULAR LAB	0	0		69.02
69.03 06903 ENDOSCOPY	0	0		69.03
69.04 06904 CLINICAL NUTRITION	0	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ECT	0	0		70.01
70.02 07002 PSYCHOTHERAPY	0	0		70.02
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/31/2013 3:06 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.283842	0	3,514,343	0	0
51.00 05100 RECOVERY ROOM	0.291432	0	1,480,850	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.278829	0	536,760	0	0
53.00 05300 ANESTHESIOLOGY	0.107123	0	1,014,509	0	0
53.01 05301 PAIN MANAGEMENT	0.437701	0	78,492	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.116320	0	7,922,975	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.188955	0	1,354,074	0	0
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.173341	0	544,971	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 05601 ULTRA SOUND	0.101670	0	1,201,266	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.162183	0	1,470,223	0	0
60.00 06000 LABORATORY	0.081508	0	8,165,836	0	0
60.01 06001 ANATOMICAL PATHOLOGY	0.305308	0	546,481	0	0
60.02 06003 LAB-STEM CELL	0.069579	0	3,419	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.302429	0	562,698	0	0
64.00 06400 INTRAVENOUS THERAPY	0.564801	0	721,352	0	0
65.00 06500 RESPIRATORY THERAPY	0.167826	0	733,303	0	0
65.01 06501 SLEEP DISORDER	0.178219	0	715,773	0	0
66.00 06600 PHYSICAL THERAPY	0.403351	0	107,552	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.243109	0	66,164	0	0
68.00 06800 SPEECH PATHOLOGY	0.386310	0	86,370	0	0
69.00 06900 ELECTROCARDIOLOGY	0.109157	0	1,255,180	0	0
69.01 06901 CARDIAC REHAB	1.212436	0	31,927	0	0
69.02 06902 VASCULAR LAB	0.197439	0	604,697	0	0
69.03 06903 ENDOSCOPY	0.170778	0	1,106,144	0	0
69.04 06904 CLINICAL NUTRITION	5.786023	0	23,972	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.608917	0	174,229	0	0
70.01 07001 ECT	0.368383	0	140,875	0	0
70.02 07002 PSYCHOTHERAPY	0.219388	0	25,000	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.811031	0	1,532,142	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.767300	0	357,713	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.234899	0	7,538,730	0	0
74.00 07400 RENAL DIALYSIS	0.359395	0	132,377	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.697759	0	2,404,658	0	0
91.00 09100 EMERGENCY	0.196247	0	9,350,172	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.214042	0	1,829,698	0	0
200.00	Subtotal (see instructions)	0	57,334,925	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)		57,334,925	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/31/2013 3:06 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	997,518	0		50.00
51.00 05100 RECOVERY ROOM	431,567	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	149,664	0		52.00
53.00 05300 ANESTHESIOLOGY	108,677	0		53.00
53.01 05301 PAIN MANAGEMENT	34,356	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	921,600	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	255,859	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	94,466	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	122,133	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	238,445	0		59.00
60.00 06000 LABORATORY	665,581	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	166,845	0		60.01
60.02 06003 LAB-STEM CELL	238	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	170,176	0		63.00
64.00 06400 INTRAVENOUS THERAPY	407,420	0		64.00
65.00 06500 RESPIRATORY THERAPY	123,067	0		65.00
65.01 06501 SLEEP DISORDER	127,564	0		65.01
66.00 06600 PHYSICAL THERAPY	43,381	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	16,085	0		67.00
68.00 06800 SPEECH PATHOLOGY	33,366	0		68.00
69.00 06900 ELECTROCARDIOLOGY	137,012	0		69.00
69.01 06901 CARDIAC REHAB	38,709	0		69.01
69.02 06902 VASCULAR LAB	119,391	0		69.02
69.03 06903 ENDOSCOPY	188,905	0		69.03
69.04 06904 CLINICAL NUTRITION	138,703	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	106,091	0		70.00
70.01 07001 ECT	51,896	0		70.01
70.02 07002 PSYCHOTHERAPY	5,485	0		70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,242,615	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	274,473	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,770,840	0		73.00
74.00 07400 RENAL DIALYSIS	47,576	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	1,677,872	0		90.00
91.00 09100 EMERGENCY	1,834,943	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	391,632	0		92.00
200.00	Subtotal (see instructions)	13,134,151	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	13,134,151	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2013 3:06 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		89,695	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		89,695	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.		44,605	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		37,997	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)		20,463	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
<b>SWING BED ADJUSTMENT</b>				
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)		82,611,988	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)		82,611,988	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		192,113,900	28.00
29.00	Private room charges (excluding swing-bed charges)		103,741,506	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		88,372,394	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.430016	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,325.78	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,325.77	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.01	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		82,611,988	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		921.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,847,037	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)		18,847,037	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 5/31/2013 3:06 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)		
	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	9,434,646	6,351	1,485.54	2,825	4,196,651		43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	8,670,781	4,936	1,756.64	73	128,235		43.01
44.00 CORONARY CARE UNIT	3,721,123	2,675	1,391.07	668	929,235		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	34,810,136	28,253	1,232.09	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,142,775		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,243,933		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)					2,074,783		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,977,252		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,052,035		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,191,898		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)					7,093		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					921.03		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,532,866		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/31/2013 3:06 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,830,645	82,611,988	0.082683	6,532,866	540,157	90.00
91.00	Nursing School cost	0	82,611,988	0.000000	6,532,866	0	91.00
92.00	Allied health cost	485,939	82,611,988	0.005882	6,532,866	38,426	92.00
93.00	All other Medical Education	0	82,611,988	0.000000	6,532,866	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			15,069 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,069 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.			301 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			14,768 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)			3,911 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
<b>SWING BED ADJUSTMENT</b>				
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)			11,342,203 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)			11,342,203 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			23,101,221 28.00
29.00	Private room charges (excluding swing-bed charges)			462,024 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			22,639,197 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.490979 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,534.96 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,532.99 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			1.97 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.97 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			292 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			11,341,911 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			752.68 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,943,731 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)			2,943,731 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
					Component CCN: 26S091		Date/Time Prepared: 5/31/2013 3:06 pm
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					498,662		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,442,393		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					320,702		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					28,752		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					349,454		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,092,939		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 260091 Component CCN: 26S091		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/31/2013 3:06 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	1,235,624	11,342,203	0.108940	0	0	90.00
91.00	Nursing School cost	0	11,342,203	0.000000	0	0	91.00
92.00	Allied health cost	0	11,342,203	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,342,203	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/31/2013 3:06 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		41,486,132	30.00
31.00	03100	INTENSIVE CARE UNIT		10,910,012	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		248,240	31.01
32.00	03200	CORONARY CARE UNIT		1,857,020	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.284092	10,356,076	2,942,078 50.00
51.00	05100	RECOVERY ROOM	0.291432	1,150,574	335,314 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.278829	161,228	44,955 52.00
53.00	05300	ANESTHESIOLOGY	0.107804	2,135,561	230,222 53.00
53.01	05301	PAIN MANAGEMENT	0.451258	107,785	48,639 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116320	13,685,439	1,591,890 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.189643	341,232	64,712 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.173341	760,738	131,867 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	0.101670	880,878	89,559 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162541	4,781,955	777,264 59.00
60.00	06000	LABORATORY	0.081508	22,081,376	1,799,809 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.305308	625,738	191,043 60.01
60.02	06003	LAB-STEM CELL	0.069579	4,417	307 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.302429	3,532,614	1,068,365 63.00
64.00	06400	INTRAVENOUS THERAPY	0.567206	387,907	220,023 64.00
65.00	06500	RESPIRATORY THERAPY	0.167902	8,061,381	1,353,522 65.00
65.01	06501	SLEEP DISORDER	0.179020	21	4 65.01
66.00	06600	PHYSICAL THERAPY	0.403351	1,728,067	697,018 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243109	522,952	127,134 67.00
68.00	06800	SPEECH PATHOLOGY	0.386310	262,012	101,218 68.00
69.00	06900	ELECTROCARDIOLOGY	0.109195	3,556,012	388,299 69.00
69.01	06901	CARDIAC REHAB	1.216367	1,103	1,342 69.01
69.02	06902	VASCULAR LAB	0.197771	1,490,162	294,711 69.02
69.03	06903	ENDOSCOPY	0.170778	1,728,797	295,240 69.03
69.04	06904	CLINICAL NUTRITION	5.786023	464	2,685 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.608917	161,627	98,417 70.00
70.01	07001	ECT	0.372999	86,752	32,358 70.01
70.02	07002	PSYCHOTHERAPY	0.220181	10,648	2,344 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.811031	5,645,379	4,578,577 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.767300	3,525,064	2,704,782 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.234899	19,379,967	4,552,335 73.00
74.00	07400	RENAL DIALYSIS	0.359395	2,049,890	736,720 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.698148	0	0 90.00
91.00	09100	EMERGENCY	0.196247	8,356,926	1,640,022 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.214042	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		117,560,742	27,142,775 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		117,560,742	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/31/2013 3:06 pm	
		Title XVIIII	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		6,030,605	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.284092	0	50.00
51.00	05100	RECOVERY ROOM	0.291432	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.278829	0	52.00
53.00	05300	ANESTHESIOLOGY	0.107804	43,055	53.00
53.01	05301	PAIN MANAGEMENT	0.451258	465	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116320	157,132	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.189643	4	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.173341	4,855	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0.101670	4,426	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162541	3,542	59.00
60.00	06000	LABORATORY	0.081508	659,165	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.305308	2,601	60.01
60.02	06003	LAB-STEM CELL	0.069579	6	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.302429	5,087	63.00
64.00	06400	INTRAVENOUS THERAPY	0.567206	2,814	64.00
65.00	06500	RESPIRATORY THERAPY	0.167902	48,740	65.00
65.01	06501	SLEEP DISORDER	0.179020	0	65.01
66.00	06600	PHYSICAL THERAPY	0.403351	58,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243109	5,942	67.00
68.00	06800	SPEECH PATHOLOGY	0.386310	2,939	68.00
69.00	06900	ELECTROCARDIOLOGY	0.109195	28,839	69.00
69.01	06901	CARDIAC REHAB	1.216367	0	69.01
69.02	06902	VASCULAR LAB	0.197771	4,565	69.02
69.03	06903	ENDOSCOPY	0.170778	6,222	69.03
69.04	06904	CLINICAL NUTRITION	5.786023	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.608917	2,545	70.00
70.01	07001	ECT	0.372999	166,635	70.01
70.02	07002	PSYCHOTHERAPY	0.220181	4,052	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.811031	17,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.767300	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.234899	893,641	73.00
74.00	07400	RENAL DIALYSIS	0.359395	16,594	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.698148	0	90.00
91.00	09100	EMERGENCY	0.196247	419,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.214042	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,558,643	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)		2,558,643	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/31/2013 3:06 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		25,327,763	30.00
31.00	03100	INTENSIVE CARE UNIT		4,013,206	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		2,718,484	31.01
32.00	03200	CORONARY CARE UNIT		693,492	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		16,490,487	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		1,195,464	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.283842	6,194,101	1,758,146 50.00
51.00	05100	RECOVERY ROOM	0.291432	522,562	152,291 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.278829	1,887,798	526,373 52.00
53.00	05300	ANESTHESIOLOGY	0.107123	1,685,951	180,604 53.00
53.01	05301	PAIN MANAGEMENT	0.437701	57,353	25,103 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116320	7,141,871	830,742 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.188955	166,370	31,436 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.173341	393,835	68,268 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	0.101670	568,201	57,769 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162183	1,912,932	310,245 59.00
60.00	06000	LABORATORY	0.081508	15,244,556	1,242,553 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.305308	539,826	164,813 60.01
60.02	06003	LAB-STEM CELL	0.069579	2,144	149 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.302429	2,503,660	757,179 63.00
64.00	06400	INTRAVENOUS THERAPY	0.564801	195,200	110,249 64.00
65.00	06500	RESPIRATORY THERAPY	0.167826	8,582,050	1,440,291 65.00
65.01	06501	SLEEP DISORDER	0.178219	173,364	30,897 65.01
66.00	06600	PHYSICAL THERAPY	0.403351	737,572	297,500 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243109	389,448	94,678 67.00
68.00	06800	SPEECH PATHOLOGY	0.386310	165,728	64,022 68.00
69.00	06900	ELECTROCARDIOLOGY	0.109157	1,660,860	181,294 69.00
69.01	06901	CARDIAC REHAB	1.212436	835	1,012 69.01
69.02	06902	VASCULAR LAB	0.197439	668,495	131,987 69.02
69.03	06903	ENDOSCOPY	0.170778	687,008	117,326 69.03
69.04	06904	CLINICAL NUTRITION	5.786023	324	1,875 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.608917	83,297	50,721 70.00
70.01	07001	ECT	0.368383	19,320	7,117 70.01
70.02	07002	PSYCHOTHERAPY	0.219388	0	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.811031	4,065,072	3,296,899 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.767300	953,245	731,425 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.234899	14,755,644	3,466,086 73.00
74.00	07400	RENAL DIALYSIS	0.359395	556,911	200,151 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.697759	749,066	522,668 90.00
91.00	09100	EMERGENCY	0.196247	4,151,795	814,777 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.214042	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		77,416,394	17,666,646 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		77,416,394	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/31/2013 3:06 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		7,868,720	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.283842	0	50.00
51.00	05100	RECOVERY ROOM	0.291432	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.278829	0	52.00
53.00	05300	ANESTHESIOLOGY	0.107123	79,834	53.00
53.01	05301	PAIN MANAGEMENT	0.437701	772	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116320	184,265	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.188955	50	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.173341	6,761	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0.101670	4,854	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162183	8,026	59.00
60.00	06000	LABORATORY	0.081508	1,461,895	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.305308	5,323	60.01
60.02	06003	LAB-STEM CELL	0.069579	7	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.302429	6,240	63.00
64.00	06400	INTRAVENOUS THERAPY	0.564801	1,353	64.00
65.00	06500	RESPIRATORY THERAPY	0.167826	106,966	65.00
65.01	06501	SLEEP DISORDER	0.178219	2,373	65.01
66.00	06600	PHYSICAL THERAPY	0.403351	23,735	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243109	3,721	67.00
68.00	06800	SPEECH PATHOLOGY	0.386310	3,545	68.00
69.00	06900	ELECTROCARDIOLOGY	0.109157	60,895	69.00
69.01	06901	CARDIAC REHAB	1.212436	23	69.01
69.02	06902	VASCULAR LAB	0.197439	4,896	69.02
69.03	06903	ENDOSCOPY	0.170778	6,403	69.03
69.04	06904	CLINICAL NUTRITION	5.786023	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.608917	570	70.00
70.01	07001	ECT	0.368383	300,265	70.01
70.02	07002	PSYCHOTHERAPY	0.219388	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.811031	28,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.767300	10,556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.234899	1,021,538	73.00
74.00	07400	RENAL DIALYSIS	0.359395	21,879	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.697759	6,815	90.00
91.00	09100	EMERGENCY	0.196247	901,752	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.214042	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,263,612	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)		4,263,612	202.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/31/2013 3:06 pm

Cost Center Description		Kidney			Hospital	PPS	
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	921.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,222	1,485.54	3	4,457	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,756.64	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,391.07	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,232.09	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		12,222		3	4,457	7.00
Cost Center Description		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	0.283842	22,151	6,287	8.00
9.00	RECOVERY ROOM		51.00	0.291432	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.278829	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.107123	3,028	324	11.00
11.01	PAIN MANAGEMENT		53.01	0.437701	319	140	11.01
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.116320	7,186	836	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.188955	0	0	13.00
13.01	NUCLEAR MEDICINE-DIAGNOSTIC		55.01	0.173341	0	0	13.01
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
14.01	ULTRA SOUND		56.01	0.101670	11,986	1,219	14.01
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.162183	1,695	275	17.00
18.00	LABORATORY		60.00	0.081508	86,523	7,052	18.00
18.01	ANATOMIC PATHOLOGY		60.01	0.305308	0	0	18.01
18.02	LAB-STEM CELL		60.02	0.069579	0	0	18.02
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	0.302429	1,497	453	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.564801	409	231	22.00
23.00	RESPIRATORY THERAPY		65.00	0.167826	6,156	1,033	23.00
23.01	SLEEP DISORDER		65.01	0.178219	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.403351	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.243109	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.386310	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.109157	12,424	1,356	27.00
27.01	CARDIAC REHAB		69.01	1.212436	0	0	27.01
27.02	VASCULAR LAB		69.02	0.197439	0	0	27.02
27.03	ENDOSCOPY		69.03	0.170778	0	0	27.03
27.04	CLINICAL NUTRITION		69.04	5.786023	135	781	27.04
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.608917	0	0	28.00
28.01	ECT		70.01	0.368383	0	0	28.01
28.02	PSYCHOTHERAPY		70.02	0.219388	0	0	28.02
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.811031	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.767300	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.234899	17	4	31.00
32.00	RENAL DIALYSIS		74.00	0.359395	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
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	0.697759	1,189	830	37.00
38.00	EMERGENCY		91.00	0.196247	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.214042	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)				154,715	20,821	41.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/31/2013 3:06 pm

		Kidney		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			3	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	1,189	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		1,189		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	25,278		166,937			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)	375,149		86,400			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)	400,427		253,337			61.00
62.00	Total Usable Organs (see instructions)		12				62.00
63.00	Medicare Usable Organs (see instructions)		12				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	400,427		253,337			65.00
66.00	Revenue for Organs Sold	51,375		51,375			66.00
67.00	Subtotal (line 65 minus line 66)	349,052		201,962			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	349,052	0	201,962	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	9			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	3			73.00
74.00	Total (sum of lines 70 thru 73)		0	12			74.00
75.00	Organs Transplanted		0	3		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	9		51,375	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		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	12		0	84.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/31/2013 3:06 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)	
		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	921.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,125	1,485.54	1	1,486	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,756.64	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,391.07	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,232.09	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		6,125		1	1,486	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	0.283842	135,547	38,474	8.00	
9.00	RECOVERY ROOM	51.00	0.291432	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.278829	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.107123	9,746	1,044	11.00	
11.01	PAIN MANAGEMENT	53.01	0.437701	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116320	353	41	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.188955	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.173341	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.101670	0	0	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.162183	0	0	17.00	
18.00	LABORATORY	60.00	0.081508	41,567	3,388	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.305308	0	0	18.01	
18.02	LAB-STEM CELL	60.02	0.069579	0	0	18.02	
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	0.302429	4,948	1,496	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.564801	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.167826	2,873	482	23.00	
23.01	SLEEP DISORDER	65.01	0.178219	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.403351	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.243109	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.386310	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.109157	10,053	1,097	27.00	
27.01	CARDIAC REHAB	69.01	1.212436	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.197439	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.170778	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	5.786023	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.608917	0	0	28.00	
28.01	ECT	70.01	0.368383	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.219388	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.811031	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.767300	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.234899	89	21	31.00	
32.00	RENAL DIALYSIS	74.00	0.359395	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.697759	171	119	37.00	
38.00	EMERGENCY	91.00	0.196247	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.214042	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)			205,347	46,162	41.00	

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/31/2013 3:06 pm

		Liver		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	171	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		171		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	47,648		211,472			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)	164,349		89,305			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)	211,997		300,777			61.00
62.00	Total Usable Organs (see instructions)		6				62.00
63.00	Medicare Usable Organs (see instructions)		4				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.666667				64.00
65.00	Medicare Cost/Charges (see instructions)	141,331		200,518			65.00
66.00	Revenue for Organs Sold	31,023		31,023			66.00
67.00	Subtotal (line 65 minus line 66)	110,308		169,495			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	110,308	0	169,495	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	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	2			73.00
74.00	Total (sum of lines 70 thru 73)		0	6			74.00
75.00	Organs Transplanted		0	2		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	4		31,023	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		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	6		0	84.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/31/2013 3:06 pm

Cost Center Description		Heart			Hospital		PPS
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	921.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,033	1,485.54	1	1,486	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,756.64	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,391.07	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	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,232.09	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		4,033		1	1,486	7.00
Cost Center Description		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	0.283842	8,881	2,521	8.00
9.00	RECOVERY ROOM		51.00	0.291432	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.278829	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.107123	1,633	175	11.00
11.01	PAIN MANAGEMENT		53.01	0.437701	0	0	11.01
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.116320	1,544	180	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.188955	0	0	13.00
13.01	NUCLEAR MEDICINE-DIAGNOSTIC		55.01	0.173341	0	0	13.01
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
14.01	ULTRA SOUND		56.01	0.101670	0	0	14.01
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.162183	9,110	1,477	17.00
18.00	LABORATORY		60.00	0.081508	45,042	3,671	18.00
18.01	ANATOMIC PATHOLOGY		60.01	0.305308	0	0	18.01
18.02	LAB-STEM CELL		60.02	0.069579	0	0	18.02
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	0.302429	552	167	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.564801	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.167826	1,649	277	23.00
23.01	SLEEP DISORDER		65.01	0.178219	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.403351	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.243109	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.386310	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.109157	658	72	27.00
27.01	CARDIAC REHAB		69.01	1.212436	0	0	27.01
27.02	VASCULAR LAB		69.02	0.197439	0	0	27.02
27.03	ENDOSCOPY		69.03	0.170778	0	0	27.03
27.04	CLINICAL NUTRITION		69.04	5.786023	0	0	27.04
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.608917	0	0	28.00
28.01	ECT		70.01	0.368383	0	0	28.01
28.02	PSYCHOTHERAPY		70.02	0.219388	0	0	28.02
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.811031	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.767300	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.234899	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.359395	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
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	0.697759	0	0	37.00
38.00	EMERGENCY		91.00	0.196247	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.214042	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)				69,069	8,540	41.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/31/2013 3:06 pm

		Heart		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	10,026		73,102			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)	149,397		116,358			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)	159,423		189,460			61.00
62.00	Total Usable Organs (see instructions)		5				62.00
63.00	Medicare Usable Organs (see instructions)		3				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.600000				64.00
65.00	Medicare Cost/Charges (see instructions)	95,654		113,676			65.00
66.00	Revenue for Organs Sold	30,667		30,667			66.00
67.00	Subtotal (line 65 minus line 66)	64,987		83,009			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	64,987	0	83,009	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	3			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	2			73.00
74.00	Total (sum of lines 70 thru 73)		0	5			74.00
75.00	Organs Transplanted		0	2		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	3		30,667	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		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	5		0	84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/31/2013 3:06 pm
		Title VIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		36,100,721	1.00
2.00	Outlier payments for discharges. (see instructions)		1,340,259	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		15,542,186	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		495.62	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		141.25	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		26.50	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)		167.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		173.93	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)		167.75	12.00
13.00	Total allowable FTE count for the prior year.		158.25	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.		147.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.		157.75	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		157.75	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.318288	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.301369	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.301369	21.00
22.00	IME payment adjustment (see instructions)		7,848,999	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.18	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)		1.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.002018	26.00
27.00	IME payments adjustment. (see instructions)		0.000539	27.00
28.00	IME Adjustment (see instructions)		27,836	28.00
29.00	Total IME payment (sum of lines 22 and 28)		7,876,835	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.24	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		53.15	31.00
32.00	Sum of lines 30 and 31		60.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		39.04	33.00
34.00	Disproportionate share adjustment (see instructions)		14,093,721	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		59,411,536	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)		59,411,536	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,809,861	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).		2,478,795	52.00
53.00	Nursing and Allied Health Managed Care payment		71,279	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		524,347	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: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/31/2013 3:06 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).		176,767	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		66,472,585	59.00
60.00	Primary payer payments		44,043	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		66,428,542	61.00
62.00	Deductibles billed to program beneficiaries		3,530,873	62.00
63.00	Coinurance billed to program beneficiaries		264,228	63.00
64.00	Allowable bad debts (see instructions)		1,365,891	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		956,124	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,154,275	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		63,589,565	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.93	HVBP incentive payment (see instructions)		5,773	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-52,388	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)		63,542,950	71.00
72.00	Interim payments		63,153,767	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)		389,183	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		59,087	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,127,885	2.00
3.00	PPS payments		22,903,731	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		24,773	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		59,087	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		251,469	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)		251,469	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		251,469	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		192,382	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)		59,087	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)		22,928,504	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,200	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,796,315	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)		18,189,076	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,351,371	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)		19,540,447	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		19,540,447	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		612,403	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		428,682	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		418,442	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		19,969,129	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)		19,969,129	40.00
41.00	Interim payments		19,675,177	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)		293,952	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/31/2013 3:06 pm
		Component CCN: 26S091	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		863,525	2.00
3.00	PPS payments		732,010	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		3	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		732,013	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		148,177	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)		583,836	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)		583,836	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		583,836	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		583,836	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)		583,836	40.00
41.00	Interim payments		583,833	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)		3	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260091

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 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		62,947,867		19,559,577	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	08/01/2012	205,900	08/01/2012	115,600	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)		205,900		115,600	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)		63,153,767		19,675,177	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		389,183		293,952	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		63,542,950		19,969,129	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: 260091  
Component CCN: 26S091

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2013 3:06 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					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		2,708,937		583,833	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)		2,708,937		583,833	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		33,367		3	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,742,304		583,836	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 260091

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/31/2013 3:06 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			19,252 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			24,029 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			10,279 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			124,817 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,690,419,506 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			53,843,891 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVII I	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,942,490 1.00
2.00	Net IPF PPS Outlier Payments			13,021 2.00
3.00	Net IPF PPS ECT Payments			57,567 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.59 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.33 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)			0.33 8.00
9.00	Average Daily Census (see instructions)			41.172131 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.004120 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			12,123 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,025,201 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)			3,025,201 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,025,201 18.00
19.00	Deductibles			185,972 19.00
20.00	Subtotal (line 18 minus line 19)			2,839,229 20.00
21.00	Coinsurance			144,687 21.00
22.00	Subtotal (line 20 minus line 21)			2,694,542 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			68,231 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			47,762 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			57,764 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,742,304 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,742,304 31.00
32.00	Interim payments			2,708,937 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)			33,367 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			13,021 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/31/2013 3:06 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			141.30	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			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))			27.00	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)			168.30	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			178.04	6.00
7.00	Enter the lesser of line 5 or line 6			168.30	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.	116.30	48.99	165.29	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.	109.94	46.31	156.25	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	109.94	46.31		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	101.56	42.72		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	96.96	37.88		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	102.82	42.30		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	102.82	42.30		17.00
18.00	Per resident amount	99,026.21	99,026.21		18.00
19.00	Approved amount for resident costs	10,181,875	4,188,809	14,370,684	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)			1.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			9.74	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.93	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,883.87	23.00
24.00	Multiply line 22 time line 23			89,172	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			14,459,856	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	27,940	10,613		26.00
27.00	Total Inpatient Days (see instructions)	139,886	139,886		27.00
28.00	Ratio of inpatient days to total inpatient days	0.199734	0.075869		28.00
29.00	Program direct GME amount	2,888,125	1,097,055		29.00
30.00	Reduction for direct GME payments for Medicare managed care		155,014		30.00
31.00	Net Program direct GME amount			3,830,166	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		5,912,047	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		54,686,326	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		524,347	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)		44,043	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		55,166,630	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		30,075,273	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		30,075,273	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		85,241,903	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.647177	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.352823	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		3,830,166	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,478,795	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,351,371	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet G Date/Time Prepared: 5/31/2013 3:06 pm		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	9,378,174	0	0	0	1.00
2.00	Temporary investments	7,952,433	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	119,170,875	0	0	0	4.00
5.00	Other receivable	7,480,401	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,293,883	0	0	0	7.00
8.00	Prepaid expenses	2,389,933	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	154,665,699	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	18,198,205	0	0	0	12.00
13.00	Land improvements	9,385,121	0	0	0	13.00
14.00	Accumulated depreciation	-7,682,244	0	0	0	14.00
15.00	Buildings	396,365,369	0	0	0	15.00
16.00	Accumulated depreciation	-219,119,646	0	0	0	16.00
17.00	Leasehold improvements	2,792,616	0	0	0	17.00
18.00	Accumulated depreciation	-1,364,498	0	0	0	18.00
19.00	Fixed equipment	51,976,711	0	0	0	19.00
20.00	Accumulated depreciation	-46,967,546	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	171,260,620	0	0	0	23.00
24.00	Accumulated depreciation	-130,848,267	0	0	0	24.00
25.00	Minor equipment depreciable	1,868,482	0	0	0	25.00
26.00	Accumulated depreciation	-122,153	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)	245,742,770	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	47,092,011	12,749,462	14,078,679	587,997	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	1,325,649	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	48,417,660	12,749,462	14,078,679	587,997	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	448,826,129	12,749,462	14,078,679	587,997	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	26,893,861	0	0	0	37.00
38.00	Salaries, wages, and fees payable	24,237,916	0	0	0	38.00
39.00	Payroll taxes payable	664,021	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,437,385	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,892,322	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,125,505	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	59,155,170	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	35,453,875	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	94,609,045	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	152,734,550	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	296,091,579				52.00
53.00	Specific purpose fund		12,749,462			53.00
54.00	Donor created - endowment fund balance - restricted			14,078,679		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				587,997	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)	296,091,579	12,749,462	14,078,679	587,997	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	448,826,129	12,749,462	14,078,679	587,997	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260091

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

Worksheet G-1

Date/Time Prepared:  
5/31/2013 3:06 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		243,085,852		9,731,317		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		51,351,085				2.00
3.00	Total (sum of line 1 and line 2)		294,436,937		9,731,317		3.00
4.00	Additions (credit adjustments) (specify)	1,593		0		0	4.00
5.00	GAINS ON INVESTMENTS	0		0		470,429	5.00
6.00		0		0		0	6.00
7.00	TRANSFERS FROM OTHER FUNDS	0		3,018,145		177,802	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)		1,593		3,018,145		10.00
11.00	Subtotal (line 3 plus line 10)		294,438,530		12,749,462		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO OTHER ORGANIZATIONS	16,311,466		0		0	13.00
14.00		-17,964,515		0		0	14.00
15.00		0		0		0	15.00
16.00	LOSS ON INVESTMENT	0		0		20	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-1,653,049		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		296,091,579		12,749,462		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260091

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

Worksheet G-1

Date/Time Prepared:  
5/31/2013 3:06 pm

	Endowment Fund	Plant Fund		
		6.00	7.00	
1.00 Fund balances at beginning of period	13,430,468		483,766	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)	13,430,468		483,766	3.00
4.00 Additions (credit adjustments) (specify)		0		4.00
5.00 GAINS ON INVESTMENTS		0		5.00
6.00		0		6.00
7.00 TRANSFERS FROM OTHER FUNDS		104,231		7.00
8.00		0		8.00
9.00		0		9.00
10.00 Total additions (sum of line 4-9)	648,231		104,231	10.00
11.00 Subtotal (line 3 plus line 10)	14,078,699		587,997	11.00
12.00 Deductions (debit adjustments) (specify)		0		12.00
13.00 TRANSFERS TO OTHER ORGANIZATIONS		0		13.00
14.00		0		14.00
15.00		0		15.00
16.00 LOSS ON INVESTMENT		0		16.00
17.00		0		17.00
18.00 Total deductions (sum of lines 12-17)	20		0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)	14,078,679		587,997	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260091

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2013 3:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	209,137,502		209,137,502	1.00
2.00	SUBPROVIDER - IPF	23,182,311		23,182,311	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	232,319,813		232,319,813	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	26,482,780		26,482,780	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	24,534,277		24,534,277	11.01
12.00	CORONARY CARE UNIT	8,442,196		8,442,196	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	117,146,759		117,146,759	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	176,606,012		176,606,012	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	408,925,825		408,925,825	17.00
18.00	Ancillary services	556,932,495	0	556,932,495	18.00
19.00	Outpatient services	0	782,714,323	782,714,323	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMB/PRO FEES	6,051,940	-42	6,051,898	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	971,910,260	782,714,281	1,754,624,541	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		575,156,956		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		575,156,956		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260091

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

Worksheet G-3

Date/Time Prepared:  
5/31/2013 3:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,754,624,541	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,178,787,526	2.00
3.00	Net patient revenues (line 1 minus line 2)	575,837,015	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	575,156,956	4.00
5.00	Net income from service to patients (line 3 minus line 4)	680,059	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	3,150,909	6.00
7.00	Income from investments	1,911,891	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	4,737,456	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	9,189,164	17.00
18.00	Revenue from sale of medical records and abstracts	23,117	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	1,566,067	23.00
24.00	<b>SALES OF SERVICES</b>	30,092,422	24.00
25.00	Total other income (sum of lines 6-24)	50,671,026	25.00
26.00	Total (line 5 plus line 25)	51,351,085	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	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)	51,351,085	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260091

Period:

Worksheet I-1

Component CCN: 262320

From 01/01/2012

To 12/31/2012

Date/Time Prepared:  
5/31/2013 3:06 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	278,274	Hours of Service	7,407.18	3.56	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	223,520	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	501,794				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	15,198	Requisitions			14.00
15.00	Drugs	32	Requisitions			15.00
16.00	Other	881,994	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	1,399,018				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	16,652	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	19,128	Percentage of Time			19.00
20.00	Employee Benefits	62,340	Salary			20.00
21.00	Administrative & General	509,572	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	71,848	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	99	Requisitions			24.00
25.00	Pharmacy	748	Requisitions			25.00
26.00	Other Allocated Costs	45,353	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	2,124,758				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	2,124,758				31.00

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260091

Period: From 01/01/2012

Worksheet 1-2

Component CCN: 262320

To 12/31/2012

Date/Time Prepared: 5/31/2013 3:06 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Bui l di ng	Equi pment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	88,500	19,128	278,274	0	62,340	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	27,238	5,890	82,847	0	46,660	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	9,209	0	5,194	10.00
11.00	CCDP	0	0	0	0	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis	61,262	13,238	186,218	0	10,486	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	88,500	19,128	278,274	0	62,340	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 260091	Period: From 01/01/2012	Worksheet 1-2
		Component CCN: 262320	To 12/31/2012	Date/Time Prepared: 5/31/2013 3:06 pm

		Drugs	Medical Supplies	Routine Ancillary Services	Renal Dialysis	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00		9.00	10.00	
1.00	Total Renal Department Costs	780	15,297	0		464,319	1,660,439	1.00
<b>MAINTENANCE</b>								
2.00	Hemodialysis	240	4,719	0		167,594	599,329	2.00
3.00	Intermittent Peritoneal	0	0	0		0	0	3.00
<b>TRAINING</b>								
4.00	Hemodialysis	0	0	0		0	0	4.00
5.00	Intermittent Peritoneal	0	0	0		0	0	5.00
6.00	CAPD	0	0	0		0	0	6.00
7.00	CCDP	0	0	0		0	0	7.00
<b>HOME</b>								
8.00	Hemodialysis	0	0	0		0	0	8.00
9.00	Intermittent Peritoneal	0	0	0		0	0	9.00
10.00	CAPD	0	0	0		14,403	51,506	10.00
11.00	CCDP	0	0	0		0	0	11.00
<b>OTHER BILLABLE SERVICES</b>								
12.00	Inpatient Dialysis	540	10,578	0		282,322	1,009,604	12.00
13.00	Method II Home Patient	0	0	0		0	0	13.00
14.00	EPO (include in Renal Department)	504						14.00
15.00	ARANESP (include in Renal Department)	0						15.00
16.00	Other	0	0	0		0	0	16.00
17.00	Total (sum of lines 2-16)	780	15,297	0		464,319	1,660,439	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet 1-2
		Component CCN: 262320		Date/Time Prepared: 5/31/2013 3:06 pm
			Renal Dialysis	

		Total (col. 9 + col. 10)		
		11.00		
1.00	Total Renal Department Costs	2,124,758		1.00
<b>MAINTENANCE</b>				
2.00	Hemodialysis	766,923		2.00
3.00	Intermittent Peritoneal	0		3.00
<b>TRAINING</b>				
4.00	Hemodialysis	0		4.00
5.00	Intermittent Peritoneal	0		5.00
6.00	CAPD	0		6.00
7.00	CCDP	0		7.00
<b>HOME</b>				
8.00	Hemodialysis	0		8.00
9.00	Intermittent Peritoneal	0		9.00
10.00	CAPD	65,909		10.00
11.00	CCDP	0		11.00
<b>OTHER BILLABLE SERVICES</b>				
12.00	Inpatient Dialysis	1,291,926		12.00
13.00	Method II Home Patient	0		13.00
14.00	EPO (include in Renal Department)			14.00
15.00	ARANESP (include in Renal Department)			15.00
16.00	Other	0		16.00
17.00	Total (sum of lines 2-16)	2,124,758		17.00
18.00	Medical Educational Program Costs	0		18.00
19.00	Total Renal Costs (line 17 + line 18)	2,124,758		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

Period: From 01/01/2012

Worksheet 1-3

Component CCN: 262320

To 12/31/2012

Date/Time Prepared: 5/31/2013 3:06 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		88,500	19,128	278,274	0	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis		618	30.79	2,204.00	2.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
<b>TRAINING</b>							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
<b>HOME</b>							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	245.00	1.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	2,544	1,390	69.21	4,954.00	1.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		2,008	100.00	7,403.00	4.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		44.073705	191.280000	37.589356	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

Period: From 01/01/2012

Worksheet 1-3

Component CCN: 262320

To 12/31/2012

Date/Time Prepared: 5/31/2013 3:06 pm

		Renal Dialysis				Subtotal	
	Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)			
	5.00	6.00	7.00	8.00	9.00		
1.00	Total Renal Department Costs	62,340	780	15,297	0	464,319	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	82,853	5,136	257	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	9,222	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	18,619	11,543	576	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO	0	0	0	0		14.00
15.00	ARANESP	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	110,694	16,679	833	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.563174	0.046765	18.363745	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091  
Component CCN: 262320

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

Worksheet 1-3  
Date/Time Prepared:  
5/31/2013 3:06 pm

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	1,660,439	1.00
<b>MAINTENANCE</b>			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
<b>TRAINING</b>			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
<b>HOME</b>			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
<b>OTHER BILLABLE SERVICES</b>			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	464,319	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	3.576074	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260091

Period: From 01/01/2012

Worksheet 1-4

Component CCN: 262320

To 12/31/2012

Date/Time Prepared: 5/31/2013 3:06 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	1,132	766,923	677.49	554	375,329	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	126	0	0.00	70	0	8.00
		<b>Patient Weeks</b>			<b>Patient Weeks</b>		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	65,909	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,258	832,832		624	375,329	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260091  
Component CCN: 262320

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

Worksheet 1-4  
Date/Time Prepared:  
5/31/2013 3:06 pm

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Rate 0	Renal Dialysis
		6.00	7.00		
1.00	Maintenance - Hemodialysis	76,968	138.93		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	0	0.00		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	336	4.80		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	77,304			11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet I-5 Date/Time Prepared: 5/31/2013 3:06 pm
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			375,329 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			77,304 2.00
3.00	Deductibles billed to Medicare (Part B) patients			0 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			0 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			0 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			61,843 9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			313,486 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260091	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/31/2013 3:06 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,886,417	1.00
2.00	Capital DRG outlier payments		149,018	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		345.97	3.00
4.00	Number of interns & residents (see instructions)		158.75	4.00
5.00	Indirect medical education percentage (see instructions)		13.82	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		398,903	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.24	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		53.15	8.00
9.00	Sum of lines 7 and 8		60.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		13.01	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		375,523	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,809,861	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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