

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: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 5:47 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2013 Time: 5:47 pm	
	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.		
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 CHRISTIAN HOSPITAL NORTHEAST (260180) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-1,071,455	174,575	0	0 1.00
2.00	Subprovider - IPF	0	1,569	0	0	0 2.00
3.00	Subprovider - IRF	0	6,280	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-1,063,606	174,575	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.

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PART I - COST REPORT STATUS

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

Date: 5/28/2013 Time: 5:47 pm

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

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Encryption Information
 ECR: Date: 5/28/2013 Time: 5:47 pm
 jWUV9dpSwKmGBmI1k0VkuXrJuHZXdO
 fHQ900YaWcsWuG8l6xZRodlqTz0buU
 rT571miuNUOK8F8X
 PI: Date: 5/28/2013 Time: 5:47 pm
 DP2qht3EcU: FypMt.g.2lx1t4XaDO
 rB.ON0gts9NBxAAMx8: 1v: 5kr3DPxw
 95L30NCAka0cdAdK

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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5.00	Swing bed - SNF	0	0	0	0	0 5.00
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8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-1,063,606	174,575	0	0 200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:45 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: MO		4.00 Zip Code: 63136- County: ST. LOUIS COUNTY				
1.00 Street: 11133 DUNN ROAD		2.00 City: ST. LOUIS								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	P	3.00
4.00	Subprovider - IPF	PSYCH	26S180	41180	4	01/01/2003	N	P	O	4.00
5.00	Subprovider - IRF	REHAB	26T180	41180	5	12/08/1983	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)					4		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,600	732	713	99	876	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.	252	0	56	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: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:45 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.				39.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 260180

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.85	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:45 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	1,043,000	413,431	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	269026	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301	
142.00	Street: 4901 FOREST PARK BLVD	PO Box:			
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
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: 260180			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:45 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 5:45 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type			Date	
		1.00	2.00			3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Description	Y/N	Date	Y/N		
		0	1.00	2.00	3.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/21/2013			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.	N				N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N				N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N				N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 5:45 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAUL	BRADSHAW		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-653-5366	PJB1541@BJC.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/21/2013	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	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part V Date/Time Prepared: 5/28/2013 5:45 pm
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		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)653-5366	5.00
6.00	E-mail Address	PJB1541@BJC.ORG	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	CHRISTIAN HOSPITAL NORTHEAST	8.00
9.00	Mailing Address 2	11133 DUNN ROAD	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63136	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2013 5:45 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	N	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi sits / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	369	135,054	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)		369	135,054	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,516	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	27	9,882	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		422	154,452	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,320		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		460				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
Component	I/P Days / O/P Vi sits / Tri ps			Full Time Equival ents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	27,512	10,719	60,793			1.00
2.00 HMO	8,294	876				2.00
3.00 HMO IPF Subprovider	107	60				3.00
4.00 HMO IRF Subprovider	259	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)	27,512	10,719	60,793			7.00
8.00 INTENSIVE CARE UNIT	2,822	806	6,989			8.00
9.00 CORONARY CARE UNIT	3,743	619	5,143			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	34,077	12,144	72,925	0.00	1,763.80	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,915	499	3,516	0.00	21.20	16.00
17.00 SUBPROVIDER - IRF	2,406	308	3,916	0.00	18.60	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents							
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll						
	6.00	7.00	8.00	9.00	10.00						
27.00	Total (sum of lines 14-26)					0.00	27.00				
28.00	Observation Bed Days					1,803.60	28.00				
29.00	Ambulance Trips						29.00				
30.00	Employee discount days (see instruction)					847	30.00				
31.00	Employee discount days - IRF					0	31.00				
32.00	Labor & delivery days (see instructions)					0	32.00				
33.00	LTCH non-covered days					0	33.00				
Component	Full Time Equivalents	Discharges									
	Nonpaid Workers	Title V	Title VIII	Title XIX	Total All Patients						
	11.00	12.00	13.00	14.00	15.00						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)					0	5,527	1,977	14,945	1.00	
2.00	HMO						1,688			2.00	
3.00	HMO IPF Subprovider									3.00	
4.00	HMO IRF Subprovider									4.00	
5.00	Hospital Adults & Peds. Swing Bed SNF									5.00	
6.00	Hospital Adults & Peds. Swing Bed NF									6.00	
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)									7.00	
8.00	INTENSIVE CARE UNIT									8.00	
9.00	CORONARY CARE UNIT									9.00	
10.00	BURN INTENSIVE CARE UNIT									10.00	
11.00	SURGICAL INTENSIVE CARE UNIT									11.00	
12.00	OTHER SPECIAL CARE (SPECIFY)									12.00	
13.00	NURSERY									13.00	
14.00	Total (see instructions)					0.00	0	5,527	1,977	14,945	14.00
15.00	CAH visits										15.00
16.00	SUBPROVIDER - IPF					0.00	0	212	17	475	16.00
17.00	SUBPROVIDER - IRF					0.00	0	163	22	252	17.00
18.00	SUBPROVIDER										18.00
19.00	SKILLED NURSING FACILITY										19.00
20.00	NURSING FACILITY										20.00
21.00	OTHER LONG TERM CARE										21.00
22.00	HOME HEALTH AGENCY										22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)										23.00
24.00	HOSPICE										24.00
25.00	CMHC - CMHC										25.00
26.00	RURAL HEALTH CLINIC										26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER										26.25
27.00	Total (sum of lines 14-26)					0.00					27.00
28.00	Observation Bed Days										28.00
29.00	Ambulance Trips										29.00
30.00	Employee discount days (see instruction)										30.00
31.00	Employee discount days - IRF										31.00
32.00	Labor & delivery days (see instructions)										32.00
33.00	LTCH non-covered days										33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part II Date/Time Prepared: 5/28/2013 5:45 pm			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	93,625,268	0	93,625,268	3,758,915.00	24.91	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		348,470	0	348,470	4,677.00	74.51	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	86,599	86,599	2,928.00	29.58	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		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)		8,001,511	100,801	8,102,312	339,665.00	23.85	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		2,070,520	0	2,070,520	29,750.00	69.60	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		773,836	0	773,836	8,447.00	91.61	13.00
14.00	Home office salaries & wage-related costs		14,053,549	0	14,053,549	324,687.00	43.28	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		23,814,128	0	23,814,128			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		2,264,731	0	2,264,731			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		97,427	0	97,427			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	1,140,279	0	1,140,279	38,998.00	29.24	26.00
27.00	Administrative & General	5.00	7,575,852	-124,801	7,451,051	295,896.00	25.18	27.00
28.00	Administrative & General under contract (see inst.)		1,297,186	0	1,297,186	12,174.00	106.55	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,414,042	0	2,414,042	113,573.00	21.26	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,765,351	0	1,765,351	168,532.00	10.47	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,288,990	0	2,288,990	72,070.00	31.76	38.00
39.00	Central Services and Supply	14.00	414,986	0	414,986	23,751.00	17.47	39.00
40.00	Pharmacy	15.00	3,076,790	0	3,076,790	79,082.00	38.91	40.00
41.00	Medical Records & Medical Records Library	16.00	3,405,867	0	3,405,867	147,460.00	23.10	41.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/28/2013 5:45 pm		
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Soci al Servi ce	17.00	740,520	0	740,520	26,516.00	27.93	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: 260180

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2013 5:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	94,573,984	-86,599	94,487,385	3,763,484.00	25.11	1.00
2.00	Excluded area salaries (see instructions)	8,001,511	100,801	8,102,312	339,665.00	23.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,572,473	-187,400	86,385,073	3,423,819.00	25.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,897,905	0	16,897,905	362,884.00	46.57	4.00
5.00	Subtotal wage-related costs (see inst.)	23,814,128	0	23,814,128	0.00	27.57	5.00
6.00	Total (sum of lines 3 thru 5)	127,284,506	-187,400	127,097,106	3,786,703.00	33.56	6.00
7.00	Total overhead cost (see instructions)	24,119,863	-124,801	23,995,062	978,052.00	24.53	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 5:45 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			884,295 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			4,952,865 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			11,124,839 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			438,952 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			60,107 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			33,918 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			722,948 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			6,762,479 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			141,113 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			186,486 22.00
23.00	Tuition Reimbursement			868,284 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			26,176,286 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/28/2013 5:45 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 5:45 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.260504		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		29,831,996		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		12,745,292		5.00	
6.00	Medicaid charges		145,113,476		6.00	
7.00	Medicaid cost (line 1 times line 6)		37,802,641		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		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	66,791,476	18,789,771	85,581,247		20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	17,399,447	4,894,811	22,294,258		21.00
22.00	Partial payment by patients approved for charity care	2,131,411	871,845	3,003,256		22.00
23.00	Cost of charity care (line 21 minus line 22)	15,268,036	4,022,966	19,291,002		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)		12,698,986		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		998,725		27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		11,700,261		28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,047,965		29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		22,338,967		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,338,967		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,692,955	5,692,955	1.00
1.01	00101	NEW CAP REL COSTS-WHSE		0	0	5,482	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD		0	0	53,450	53,450	1.03
1.04	00104	NEW CAP REL COSTS-CHIP		0	0	154,202	154,202	1.04
1.05	00105	NEW CAP REL COSTS-POB I		0	0	497,227	497,227	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		0	0	311,496	311,496	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		0	0	743,430	743,430	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,264,484	10,264,484	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	1,140,279	2,745,053	3,885,332	-5,060	3,880,272	4.00
5.01	00510	ADMITTING	1,861,494	858,547	2,720,041	-1,024	2,719,017	5.01
5.02	00511	CASHIERING	0	0	0	0	0	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	194,210	317,579	511,789	30,000	541,789	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	5,520,148	21,810,957	27,331,105	-13,057,434	14,273,671	5.04
7.00	00700	OPERATION OF PLANT	2,159,453	4,233,389	6,392,842	334,640	6,727,482	7.00
7.01	00701	OPERATION OF PLANT- POB I	2,245	1,057	3,302	0	3,302	7.01
7.02	00702	OPERATION OF PLANT NW	252,344	408,274	660,618	-5,384	655,234	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,165,402	1,165,402	-216	1,165,186	8.00
9.00	00900	HOUSEKEEPING	1,456,900	1,578,218	3,035,118	-1,690	3,033,428	9.00
9.01	00901	HOUSEKEEPING-POB I	132,497	90,960	223,457	0	223,457	9.01
9.02	00902	HOUSEKEEPING NW	175,954	209,861	385,815	0	385,815	9.02
10.00	01000	DIETARY	0	4,195,919	4,195,919	-20,831	4,175,088	10.00
11.00	01100	CAFETERIA	0	1,349,243	1,349,243	-18,199	1,331,044	11.00
13.00	01300	NURSING ADMINISTRATION	2,288,990	1,105,159	3,394,149	-204,804	3,189,345	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	414,986	2,144,012	2,558,998	-1,893,127	665,871	14.00
15.00	01500	PHARMACY	3,076,790	17,792,907	20,869,697	-16,039,504	4,830,193	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,405,867	2,833,292	6,239,159	-1,411	6,237,748	16.00
17.00	01700	SOCIAL SERVICE	740,520	241,635	982,155	0	982,155	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	86,599	86,599	21.00
23.00	02300	PARAMED ED PRGM	0	0	0	53,814	53,814	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,372,629	9,955,731	28,328,360	-703,130	27,625,230	30.00
31.00	03100	INTENSIVE CARE UNIT	4,833,217	2,592,981	7,426,198	-596,014	6,830,184	31.00
32.00	03200	CORONARY CARE UNIT	2,962,415	1,254,796	4,217,211	-200,981	4,016,230	32.00
40.00	04000	SUBPROVIDER - IPF	1,149,175	354,192	1,503,367	-7,280	1,496,087	40.00
41.00	04100	SUBPROVIDER - IRF	976,304	395,916	1,372,220	34,364	1,406,584	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,175,238	14,304,705	19,479,943	-9,764,533	9,715,410	50.00
51.00	05100	RECOVERY ROOM	509,965	292,791	802,756	-77,227	725,529	51.00
53.00	05300	ANESTHESIOLOGY	0	6,155,336	6,155,336	-359,736	5,795,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,667,926	4,578,444	9,246,370	-1,046,324	8,200,046	54.00
57.00	05700	CT SCAN	737,534	861,665	1,599,199	-316,505	1,282,694	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,061,031	6,343,838	7,404,869	-5,207,950	2,196,919	59.00
60.00	06000	LABORATORY	5,275,716	6,215,004	11,490,720	-921,709	10,569,011	60.00
60.01	06001	G. I. LAB	629,295	778,841	1,408,136	-205,560	1,202,576	60.01
60.02	06002	VASCULAR LAB	290,025	94,416	384,441	-11,926	372,515	60.02
60.03	06003	LABORATORY-PATHOLOGY	445,875	474,616	920,491	172,752	1,093,243	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	306,633	2,381,328	2,687,961	559,072	3,247,033	63.00
65.00	06500	RESPIRATORY THERAPY	3,335,948	1,855,708	5,191,656	-135,447	5,056,209	65.00
66.00	06600	PHYSICAL THERAPY	1,915,364	697,866	2,613,230	-282,980	2,330,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	660,551	215,130	875,681	216,009	1,091,690	67.00
68.00	06800	SPEECH PATHOLOGY	194,329	55,795	250,124	59,474	309,598	68.00
69.00	06900	ELECTROCARDIOLOGY	684,670	385,808	1,070,478	-79,311	991,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	396,243	189,027	585,270	-19,279	565,991	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,340,324	8,340,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,754,455	9,754,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,010,852	16,010,852	73.00
74.00	07400	RENAL DIALYSIS	0	1,724,319	1,724,319	-31,248	1,693,071	74.00
76.00	03020	SHOCK THERAPY	107,801	39,223	147,024	0	147,024	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	1,201,441	2,189,943	3,391,384	-38,622	3,352,762	76.01
76.02	03022	DIABETES CARE CENTER	320,079	610,489	930,568	0	930,568	76.02
76.03	03023	OP PSYCH	510,266	229,750	740,016	-13,395	726,621	76.03
76.04	03024	CARDIAC REHAB	128,868	57,815	186,683	-3,258	183,425	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	368,548	368,548	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,078,021	7,685,031	15,763,052	-746,403	15,016,649	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,759,125	2,918,567	7,677,692	-505,442	7,172,250	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		92,508,361	138,970,535	231,478,896	1,236,977	232,715,873	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	158,903	158,903	-3,459	155,444	190.09
190.10	19010	RETAIL PHARMACY	571,402	5,294,548	5,865,950	-128	5,865,822	190.10
190.11	19011	PUBLIC RELATIONS	238,680	894,236	1,132,916	0	1,132,916	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	253,543	281,706	535,249	0	535,249	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	768,921	768,921	-768,921	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	53,282	505,446	558,728	-464,469	94,259	192.01
200.00	TOTAL (SUM OF LINES 118-199)		93,625,268	146,874,295	240,499,563	0	240,499,563	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-57,824	5,635,131				1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292				1.02
1.03	00103	NEW CAP REL COSTS-PFD	-31,873	21,577				1.03
1.04	00104	NEW CAP REL COSTS-CHIP	-91,954	62,248				1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	497,227				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	311,496				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	743,430				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-100,415	10,164,069				2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	364,189	4,244,461				4.00
5.01	00510	ADMINISTRATIVE	-156,204	2,562,813				5.01
5.02	00511	CASHIERING	0	0				5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	-272,942	268,847				5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	31,112,135	45,385,806				5.04
7.00	00700	OPERATION OF PLANT	-91,294	6,636,188				7.00
7.01	00701	OPERATION OF PLANT- POB I	-188	3,114				7.01
7.02	00702	OPERATION OF PLANT NW	-21,151	634,083				7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,165,186				8.00
9.00	00900	HOUSEKEEPING	-122,112	2,911,316				9.00
9.01	00901	HOUSEKEEPING-POB I	-11,105	212,352				9.01
9.02	00902	HOUSEKEEPING NW	-14,748	371,067				9.02
10.00	01000	DIETARY	0	4,175,088				10.00
11.00	01100	CAFETERIA	-1,308,986	22,058				11.00
13.00	01300	NURSING ADMINISTRATION	-191,855	2,997,490				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-34,783	631,088				14.00
15.00	01500	PHARMACY	-261,354	4,568,839				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-324,491	5,913,257				16.00
17.00	01700	SOCIAL SERVICE	-62,068	920,087				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	86,599				21.00
23.00	02300	PARAMED PRGM	-4,174	49,640				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-4,182,105	23,443,125				30.00
31.00	03100	INTENSIVE CARE UNIT	-405,103	6,425,081				31.00
32.00	03200	CORONARY CARE UNIT	-248,299	3,767,931				32.00
40.00	04000	SUBPROVIDER - I PF	-96,320	1,399,767				40.00
41.00	04100	SUBPROVIDER - I RF	-86,997	1,319,587				41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	-858,844	8,856,566				50.00
51.00	05100	RECOVERY ROOM	-42,743	682,786				51.00
53.00	05300	ANESTHESIOLOGY	-5,416,286	379,314				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,106,910	7,093,136				54.00
57.00	05700	CT SCAN	-61,818	1,220,876				57.00
59.00	05900	CARDIAC CATHETERIZATION	-88,932	2,107,987				59.00
60.00	06000	LABORATORY	-522,360	10,046,651				60.00
60.01	06001	G.I. LAB	-55,611	1,146,965				60.01
60.02	06002	VASCULAR LAB	-24,309	348,206				60.02
60.03	06003	LABORATORY-PATHOLOGY	-46,660	1,046,583				60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-32,088	3,214,945				63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.00	06500	RESPIRATORY THERAPY	-661,621	4,394,588	65.00
66.00	06600	PHYSICAL THERAPY	-176,312	2,153,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	-70,334	1,021,356	67.00
68.00	06800	SPEECH PATHOLOGY	-20,359	289,239	68.00
69.00	06900	ELECTROCARDIOLOGY	-72,387	918,780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-33,212	532,779	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,340,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,754,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,010,852	73.00
74.00	07400	RENAL DIALYSIS	0	1,693,071	74.00
76.00	03020	SHOCK THERAPY	-9,035	137,989	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	-1,649,701	1,703,061	76.01
76.02	03022	DIABETES CARE CENTER	-141,073	789,495	76.02
76.03	03023	OP PSYCH	-46,219	680,402	76.03
76.04	03024	CARDIAC REHAB	-10,801	172,624	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	-10,057	358,491	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-4,310,570	10,706,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-398,893	6,773,357	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,430,844	240,146,717	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	190.08
190.09	19009	CATERING	0	155,444	190.09
190.10	19010	RETAIL PHARMACY	-47,693	5,818,129	190.10
190.11	19011	PUBLIC RELATIONS	-20,005	1,112,911	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	-21,251	513,998	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	-4,467	89,792	192.01
200.00		TOTAL (SUM OF LINES 118-199)	7,337,428	247,836,991	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/28/2013 5:45 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.04	NEW CAP REL COSTS-CHIP	00104		1.04
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.01	ADMINISTRATIVE	00510		5.01
5.02	CASHIERING	00511		5.02
5.03	MENTAL HEALTH ADMINISTRATION	00512		5.03
5.04	ADMINISTRATIVE AND GENERAL	00560		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMEDICAL PRGM	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03020		76.00
76.01	PAIN MANAGEMENT & OP CHEMO	03021		76.01
76.02	DIABETES CARE CENTER	03022		76.02
76.03	OP PSYCH	03023		76.03
76.04	CARDIAC REHAB	03024		76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00

COST CENTERS USED IN COST REPORT

Provider CCN: 260180

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	VISITOR MEALS	19001		190.01
190.02	NON REIMBURSABLE B BLDG	19002		190.02
190.03	NON REIMB NW BUILDING	19003		190.03
190.04	NON REIMBURSABLE CHIP	19004		190.04
190.05	NON REIMBURSABLE PFD	19005		190.05
190.06	NON REIMBURSABLE HOSPITAL	19006		190.06
190.07	NON REIMBURSABLE POB I	19007		190.07
190.08	MEALS ON WHEELS	19008		190.08
190.09	CATERING	19009		190.09
190.10	RETAIL PHARMACY	19010		190.10
190.11	PUBLIC RELATIONS	19011		190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	19012		190.12
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	19201		192.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 5:45 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - TO RECLASS CHIEF OF GYNECOLOGY					
1.00	ADULTS & PEDIATRICS	30.00	0	15,000	1.00
	TOTALS		0	15,000	
B - TO RECLASS CHIEF OF PSYCHIATRY					
1.00	MENTAL HEALTH ADMINISTRATION	5.03	15,000	15,000	1.00
	TOTALS		15,000	15,000	
C - TO RECLASS PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,010,852	1.00
	TOTALS		0	16,010,852	
D - TO RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,122,205	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	18,122,205	
E - TO RECLASS REHAB POF FEES					
1.00	SUBPROVIDER - IRF	41.00	51,000	0	1.00
	TOTALS		51,000	0	
F - TO RECLASS HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	119,989	248,559	1.00
	TOTALS		119,989	248,559	
G - TO RECLASS GI MEDICAL DIRECTOR					
1.00	G.I. LAB	60.01	9,000	0	1.00
	TOTALS		9,000	0	
H - TO RECLASS CARDIOTHORACIC SURG FEES					
1.00	OPERATING ROOM	50.00	0	50,000	1.00
	TOTALS		0	50,000	
I - TO RECLASS POB I EXPENSES					
1.00	NEW CAP REL COSTS-POB I	1.05	0	132,693	1.00
2.00	NEW CAP REL COSTS-POB I	1.05	0	364,534	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	80,418	3.00
4.00	OPERATION OF PLANT	7.00	0	191,276	4.00
	TOTALS		0	768,921	
J - TO RECLASS PURCHASING VARIANCE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	60,304	1.00
	TOTALS		0	60,304	
K - TO RECLASS DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,595,988	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00
4.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	81,046	4.00
5.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	743,430	5.00
6.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,096,094	6.00
	TOTALS		0	16,538,332	
L - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	96,967	1.00
2.00	NEW CAP REL COSTS-PFD	1.03	0	53,450	2.00
3.00	NEW CAP REL COSTS-CHIP	1.04	0	154,202	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	168,390	4.00
	TOTALS		0	473,009	
M - TO RECLASS CHIEF OF SURGERY					
1.00	OPERATING ROOM	50.00	0	30,000	1.00
	TOTALS		0	30,000	
N - TO RECLASS CARDIOLOGY PROF FEES					
1.00	ELECTROCARDIOLOGY	69.00	15,000	0	1.00
	TOTALS		15,000	0	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

Date/Time Prepared:
5/28/2013 5:45 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
Q - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY-PATHOLOGY	60.03	110,814	96,251	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	76,208	482,929	2.00	
	TOTALS		187,022	579,180		
P - TO RECLASS REHAB ADMIN						
1.00	OCCUPATIONAL THERAPY	67.00	165,099	51,024	1.00	
2.00	SPEECH PATHOLOGY	68.00	48,571	13,233	2.00	
	TOTALS		213,670	64,257		
Q - TO RECLASS ADMISSION KITS						
1.00	ADULTS & PEDIATRICS	30.00	0	26,154	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	441	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	831	3.00	
	TOTALS		0	27,426		
R - TO RECLASS DEPARTMENTAL DEPREC						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,120,838	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
	TOTALS		0	4,120,838		
S - TO RECLASS CHAPLAIN RESIDENTS						
1.00	PARAMED ED PRGM	23.00	49,801	4,013	1.00	
	TOTALS		49,801	4,013		
U - TO RECLASS GRAHAM MOB EXPENSES						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	225,227	1.00	
2.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	5,223	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	66,769	3.00	
4.00	OPERATION OF PLANT	7.00	0	167,250	4.00	
	TOTALS		0	464,469		
V - TO RECLASS INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	86,599	0	1.00	
	TOTALS		86,599	0		

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

Date/Time Prepared:
5/28/2013 5:45 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
W - TO RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO	72.00	0	9,754,455	1.00
	PATIENT				
	TOTALS		0	9,754,455	
500.00	Grand Total: Increases		747,081	67,346,820	500.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 5:45 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - TO RECLASS CHIEF OF GYNECOLOGY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	15,000	0	1.00
	TOTALS		0	15,000		
B - TO RECLASS CHIEF OF PSYCHIATRY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	15,000	15,000	0	1.00
	TOTALS		15,000	15,000		
C - TO RECLASS PHARMACEUTICALS						
1.00	PHARMACY	15.00	0	16,010,852	0	1.00
	TOTALS		0	16,010,852		
D - TO RECLASS MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	574,794	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	416,688	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	95,040	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	14,576	0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	3,686	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,917,098	0	6.00
7.00	OPERATING ROOM	50.00	0	8,786,890	0	7.00
8.00	RECOVERY ROOM	51.00	0	11,649	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	229,094	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	662,645	0	10.00
11.00	CT SCAN	57.00	0	92,353	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	4,552,299	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	16,039	0	13.00
14.00	G.I. LAB	60.01	0	129,045	0	14.00
15.00	EMERGENCY	91.00	0	620,309	0	15.00
	TOTALS		0	18,122,205		
E - TO RECLASS REHAB POF FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	51,000	0	0	1.00
	TOTALS		51,000	0		
F - TO RECLASS HYPERBARI C OXYGEN						
1.00	OPERATING ROOM	50.00	119,989	248,559	0	1.00
	TOTALS		119,989	248,559		
G - TO RECLASS GI MEDICAL DIRECTOR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	9,000	0	0	1.00
	TOTALS		9,000	0		
H - TO RECLASS CARDIOTHORACIC SURG FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	50,000	0	1.00
	TOTALS		0	50,000		
I - TO RECLASS POB I EXPENSES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	768,921	9	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		0	768,921		
J - TO RECLASS PURCHASING VARIANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	60,304	0	1.00
	TOTALS		0	60,304		
K - TO RECLASS DEPRECIATION EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	16,538,332	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
	TOTALS		0	16,538,332		
L - TO RECLASS INTEREST EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	473,009	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
4.00		0.00	0	0	11	4.00
	TOTALS		0	473,009		
M - TO RECLASS CHIEF OF SURGERY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	0	1.00
	TOTALS		0	30,000		
N - TO RECLASS RADIOLOGY PROF FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	15,000	0	0	1.00
	TOTALS		15,000	0		
O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY	60.00	187,022	579,180	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		187,022	579,180		

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
P - TO RECLASS REHAB ADMIN						
1.00	PHYSICAL THERAPY	66.00	213,670	64,257	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		213,670	64,257		
Q - TO RECLASS ADMISSION KITS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27,426	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	27,426		
R - TO RECLASS DEPARTMENTAL DEPREC						
1.00	EMPLOYEE BENEFITS	4.00	0	5,060	0	1.00
2.00	ADMINISTRATIVE	5.01	0	1,024	0	2.00
3.00	OPERATION OF PLANT	7.00	0	23,886	0	3.00
4.00	OPERATION OF PLANT NW	7.02	0	5,384	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	216	0	5.00
6.00	HOUSEKEEPING	9.00	0	1,690	0	6.00
7.00	DIETARY	10.00	0	20,831	0	7.00
8.00	CAFETERIA	11.00	0	18,199	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	204,804	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,333	0	10.00
11.00	PHARMACY	15.00	0	28,652	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,411	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	82,891	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	179,326	0	14.00
15.00	CORONARY CARE UNIT	32.00	0	105,941	0	15.00
16.00	SUBPROVIDER - IRF	41.00	0	2,501	0	16.00
17.00	SUBPROVIDER - IPF	40.00	0	4,425	0	17.00
18.00	OPERATING ROOM	50.00	0	689,095	0	18.00
19.00	RECOVERY ROOM	51.00	0	65,578	0	19.00
20.00	ANESTHESIOLOGY	53.00	0	130,642	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	383,679	0	21.00
22.00	CT SCAN	57.00	0	224,152	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	655,651	0	23.00
24.00	LABORATORY	60.00	0	155,507	0	24.00
25.00	G. I. LAB	60.01	0	85,515	0	25.00
26.00	VASCULAR LAB	60.02	0	11,926	0	26.00
27.00	LABORATORY-PATHOLOGY	60.03	0	34,313	0	27.00
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	65	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	119,408	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	5,053	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	114	0	31.00
32.00	SPEECH PATHOLOGY	68.00	0	2,330	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	94,311	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,279	0	34.00
35.00	RENAL DIALYSIS	74.00	0	31,248	0	35.00
36.00	PAIN MANAGEMENT & OP CHEMO	76.01	0	38,622	0	36.00
37.00	OP PSYCH	76.03	0	13,395	0	37.00
38.00	CARDIAC REHAB	76.04	0	3,258	0	38.00
39.00	EMERGENCY	91.00	0	126,094	0	39.00
40.00	AMBULANCE SERVICES	95.00	0	505,442	0	40.00
41.00	CATERING	190.09	0	3,459	0	41.00
42.00	RETAIL PHARMACY	190.10	0	128	0	42.00
	TOTALS		0	4,120,838		
S - TO RECLASS CHAPLAIN RESIDENTS						
1.00	ADMINISTRATIVE AND GENERAL	5.04	49,801	4,013	0	1.00
	TOTALS		49,801	4,013		
U - TO RECLASS GRAHAM MOB EXPENSES						
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	464,469	11	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		0	464,469		
V - TO RECLASS INTERNS AND RESIDENTS						
1.00	ADULTS & PEDIATRICS	30.00	86,599	0	0	1.00
	TOTALS		86,599	0		
W - TO RECLASS IMPLANT COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,754,455	0	1.00
	TOTALS		0	9,754,455		
500.00	Grand Total: Decreases		747,081	67,346,820		500.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2013 5:45 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - TO RECLASS CHIEF OF GYNECOLOGY						
1.00	ADULTS & PEDIATRICS	30.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
B - TO RECLASS CHIEF OF PSYCHIATRY						
1.00	MENTAL HEALTH ADMINISTRATION	15,000	ADMINISTRATIVE AND GENERAL	5.04	15,000	1.00
	TOTALS	15,000	TOTALS		15,000	
C - TO RECLASS PHARMACEUTICALS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00
	TOTALS		TOTALS		0	
D - TO RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	ADULTS & PEDIATRICS	30.00	0	1.00
2.00		0.00	INTENSIVE CARE UNIT	31.00	0	2.00
3.00		0.00	CORONARY CARE UNIT	32.00	0	3.00
4.00		0.00	SUBPROVIDER - IRF	41.00	0	4.00
5.00		0.00	SUBPROVIDER - IPF	40.00	0	5.00
6.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	6.00
7.00		0.00	OPERATING ROOM	50.00	0	7.00
8.00		0.00	RECOVERY ROOM	51.00	0	8.00
9.00		0.00	ANESTHESIOLOGY	53.00	0	9.00
10.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10.00
11.00		0.00	CT SCAN	57.00	0	11.00
12.00		0.00	CARDIAC CATHETERIZATION	59.00	0	12.00
13.00		0.00	RESPIRATORY THERAPY	65.00	0	13.00
14.00		0.00	G.I. LAB	60.01	0	14.00
15.00		0.00	EMERGENCY	91.00	0	15.00
	TOTALS		TOTALS		0	
E - TO RECLASS REHAB POF FEES						
1.00	SUBPROVIDER - IRF	41.00	ADMINISTRATIVE AND GENERAL	5.04	51,000	1.00
	TOTALS	51,000	TOTALS		51,000	
F - TO RECLASS HYPERBARIC OXYGEN						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	OPERATING ROOM	50.00	119,989	1.00
	TOTALS	119,989	TOTALS		119,989	
G - TO RECLASS GI MEDICAL DIRECTOR						
1.00	G.I. LAB	60.01	ADMINISTRATIVE AND GENERAL	5.04	9,000	1.00
	TOTALS	9,000	TOTALS		9,000	
H - TO RECLASS CARDIOTHORACIC SURG FEES						
1.00	OPERATING ROOM	50.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
I - TO RECLASS POB I EXPENSES						
1.00	NEW CAP REL COSTS-POB I	1.05	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
2.00	NEW CAP REL COSTS-POB I	1.05		0.00	0	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04		0.00	0	3.00
4.00	OPERATION OF PLANT	7.00		0.00	0	4.00
	TOTALS		TOTALS		0	
J - TO RECLASS PURCHASING VARIANCE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
K - TO RECLASS DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01		0.00	0	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02		0.00	0	3.00
4.00	NEW CAP REL COSTS-GRAHAM MOB	1.06		0.00	0	4.00
5.00	NEW CAP REL COSTS-NW BUILDING	1.07		0.00	0	5.00
6.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	6.00
	TOTALS		TOTALS		0	
L - TO RECLASS INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
2.00	NEW CAP REL COSTS-PFD	1.03		0.00	0	2.00
3.00	NEW CAP REL COSTS-CHIP	1.04		0.00	0	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	4.00
	TOTALS		TOTALS		0	
M - TO RECLASS CHIEF OF SURGERY						
1.00	OPERATING ROOM	50.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
N - TO RECLASS RADIOLOGY PROF FEES						
1.00	ELECTROCARDIOLOGY	69.00	ADMINISTRATIVE AND GENERAL	5.04	15,000	1.00
	TOTALS	15,000	TOTALS		15,000	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
Q - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY-PATHOLOGY	60.03	110,814	LABORATORY	60.00	187,022
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	76,208		0.00	0
	TOTALS		187,022	TOTALS		187,022
P - TO RECLASS REHAB ADMIN						
1.00	OCCUPATIONAL THERAPY	67.00	165,099	PHYSICAL THERAPY	66.00	213,670
2.00	SPEECH PATHOLOGY	68.00	48,571		0.00	0
	TOTALS		213,670	TOTALS		213,670
Q - TO RECLASS ADMISSION KITS						
1.00	ADULTS & PEDIATRICS	30.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0
2.00	SUBPROVIDER - IRF	41.00	0		0.00	0
3.00	SUBPROVIDER - IPF	40.00	0		0.00	0
	TOTALS		0	TOTALS		0
R - TO RECLASS DEPARTMENTAL DEPREC						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	EMPLOYEE BENEFITS	4.00	0
2.00		0.00	0	ADMINITTING	5.01	0
3.00		0.00	0	OPERATION OF PLANT	7.00	0
4.00		0.00	0	OPERATION OF PLANT NW	7.02	0
5.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0
6.00		0.00	0	HOUSEKEEPING	9.00	0
7.00		0.00	0	DIETARY	10.00	0
8.00		0.00	0	CAFETERIA	11.00	0
9.00		0.00	0	NURSING ADMINISTRATION	13.00	0
10.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
11.00		0.00	0	PHARMACY	15.00	0
12.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0
13.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
14.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
15.00		0.00	0	CORONARY CARE UNIT	32.00	0
16.00		0.00	0	SUBPROVIDER - IRF	41.00	0
17.00		0.00	0	SUBPROVIDER - IPF	40.00	0
18.00		0.00	0	OPERATING ROOM	50.00	0
19.00		0.00	0	RECOVERY ROOM	51.00	0
20.00		0.00	0	ANESTHESIOLOGY	53.00	0
21.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
22.00		0.00	0	CT SCAN	57.00	0
23.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0
24.00		0.00	0	LABORATORY	60.00	0
25.00		0.00	0	G.I. LAB	60.01	0
26.00		0.00	0	VASCULAR LAB	60.02	0
27.00		0.00	0	LABORATORY-PATHOLOGY	60.03	0
28.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0
29.00		0.00	0	RESPIRATORY THERAPY	65.00	0
30.00		0.00	0	PHYSICAL THERAPY	66.00	0
31.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0
32.00		0.00	0	SPEECH PATHOLOGY	68.00	0
33.00		0.00	0	ELECTROCARDIOLOGY	69.00	0
34.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0
35.00		0.00	0	RENAL DIALYSIS	74.00	0
36.00		0.00	0	PAIN MANAGEMENT & OP CHEMO	76.01	0
37.00		0.00	0	OP PSYCH	76.03	0
38.00		0.00	0	CARDIAC REHAB	76.04	0
39.00		0.00	0	EMERGENCY	91.00	0
40.00		0.00	0	AMBULANCE SERVICES	95.00	0
41.00		0.00	0	CATERING	190.09	0
42.00		0.00	0	RETAIL PHARMACY	190.10	0
	TOTALS		0	TOTALS		0
S - TO RECLASS CHAPLAIN RESIDENTS						
1.00	PARAMED ED PRGM	23.00	49,801	ADMINISTRATIVE AND GENERAL	5.04	49,801
	TOTALS		49,801	TOTALS		49,801
U - TO RECLASS GRAHAM MOB EXPENSES						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0
2.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0		0.00	0
3.00	ADMINISTRATIVE AND GENERAL	5.04	0		0.00	0
4.00	OPERATION OF PLANT	7.00	0		0.00	0
	TOTALS		0	TOTALS		0
V - TO RECLASS INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	86,599	ADULTS & PEDIATRICS	30.00	86,599
	TOTALS		86,599	TOTALS		86,599

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2013 5:45 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
W - TO RECLASS IMPLANT COSTS						
1.00	IMPL. DEV. CHARGED TO	72.00	0	MEDICAL SUPPLIES CHARGED TO	71.00	0 1.00
	PATIENT			PATIENTS		
	TOTALS			TOTALS		0
500.00	Grand Total: Increases		747,081	Grand Total: Decreases		747,081 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,240,325	0	0	0	1.00
2.00	Land Improvements	6,059,249	279,319	0	279,319	2.00
3.00	Buildings and Fixtures	109,317,333	5,361,372	0	5,361,372	3.00
4.00	Building Improvements	50,379,044	4,614,078	0	4,614,078	4.00
5.00	Fixed Equipment	1,435,813	1,762,190	0	1,762,190	5.00
6.00	Movable Equipment	88,008,250	2,215,143	0	2,215,143	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	257,440,014	14,232,102	0	14,232,102	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	257,440,014	14,232,102	0	14,232,102	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,240,325	0			1.00
2.00	Land Improvements	6,338,568	0			2.00
3.00	Buildings and Fixtures	114,542,912	0			3.00
4.00	Building Improvements	54,896,666	0			4.00
5.00	Fixed Equipment	3,198,003	0			5.00
6.00	Movable Equipment	90,176,776	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	271,393,250	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	271,393,250	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.04	NEW CAP REL COSTS-CHIP	0	0				1.04
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0.000000	0	1.03
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0.000000	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0.000000	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col s. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,595,988	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	132,693	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	86,269	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	743,430	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	10,096,094	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,676,248	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col s. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	39,143	0	0	0	5,635,131	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	21,577	0	0	0	21,577	1.03
1.04	NEW CAP REL COSTS-CHIP	62,248	0	0	0	62,248	1.04
1.05	NEW CAP REL COSTS-POB I	364,534	0	0	0	497,227	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	225,227	0	0	0	311,496	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	743,430	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	67,975	0	0	0	10,164,069	2.00
3.00	Total (sum of lines 1-2)	780,704	0	0	0	17,456,952	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-57,824	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
1.01 Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			NEW CAP REL COSTS-WHSE	1.01		0	1.01
1.02 Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			NEW CAP REL COSTS-B BLDG	1.02		0	1.02
1.03 Investment income - NEW CAP REL COSTS-PFD (chapter 2)	B	-31,873	NEW CAP REL COSTS-PFD	1.03		11	1.03
1.04 Investment income - NEW CAP REL COSTS-CHIP (chapter 2)	B	-91,954	NEW CAP REL COSTS-CHIP	1.04		11	1.04
1.05 Investment income - NEW CAP REL COSTS-POB I (chapter 2)			NEW CAP REL COSTS-POB I	1.05		0	1.05
1.06 Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			NEW CAP REL COSTS-GRAHAM MOB	1.06		0	1.06
1.07 Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			NEW CAP REL COSTS-NW BUILDING	1.07		0	1.07
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-100,415	NEW CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-21,039	ADMINISTRATIVE AND GENERAL	5.04		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-14,803,373				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-34,457	RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	22,422,800				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-1,308,986	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)		0	*** Cost Center Deleted ***	114.00			25.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-WHSE			ONEW CAP REL COSTS-WHSE	1.01	0	26.01
26.02 Depreciation - NEW CAP REL COSTS-B BLDG			ONEW CAP REL COSTS-B BLDG	1.02	0	26.02
26.03 Depreciation - NEW CAP REL COSTS-PFD			ONEW CAP REL COSTS-PFD	1.03	0	26.03
26.04 Depreciation - NEW CAP REL COSTS-CHIP			ONEW CAP REL COSTS-CHIP	1.04	0	26.04
26.05 Depreciation - NEW CAP REL COSTS-POB I			ONEW CAP REL COSTS-POB I	1.05	0	26.05
26.06 Depreciation - NEW CAP REL COSTS-GRAHAM MOB			ONEW CAP REL COSTS-GRAHAM MOB	1.06	0	26.06
26.07 Depreciation - NEW CAP REL COSTS-NW BUILDING			ONEW CAP REL COSTS-NW BUILDING	1.07	0	26.07
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest PENSION FUNDING			0	0.00	0	32.00
33.00 TOWER GROVE RAMP ALLOCATION	A	503,295	EMPLOYEE BENEFITS	4.00	0	33.00
33.01 NON ALLOWABLE ASSOC DUES	A	-383,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02 BAD DEBT EXPENSE	A	-29,671	ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03 CLINICAL TRIALS INCOME	B	18,347	ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04 GYN PART B PHYSICIAN FEES	A	-13,075	ADMINISTRATIVE AND GENERAL	5.04	0	33.04
33.05 OTHER REVENUE P.T.	A	-113,400	ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06 OTHER REVENUE O.T.	B	-31,326	PHYSICAL THERAPY	66.00	0	33.06
33.07 OTHER REVENUE CHILD CARE CENTER	B	-1,080	OCCUPATIONAL THERAPY	67.00	0	33.07
33.08 INTEREST ON UNNECESSARY BORROWING	A	-692,165	ADMINISTRATIVE AND GENERAL	5.04	0	33.08
33.09 FIN COST ON UNNECESSARY BORROWING	A	-1,638,711	ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10 OTHER REVENUE FITNESS CENTER	B	-18,546	ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11 OTHER REVENUE RADIOLOGY	B	-29,740	EMPLOYEE BENEFITS	4.00	0	33.11
33.12 ENTERTAINMENT EXPENSE	B	200	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 EQUIPMENT RENTAL REVENUE	A	-7,828	ADMINISTRATIVE AND GENERAL	5.04	0	33.13
33.14 RCE DISALLOWANCE	B	-43,800	ADMINISTRATIVE AND GENERAL	5.04	0	33.14
33.15 RCE DISALLOWANCE	A	-14,906	ADMINISTRATIVE AND GENERAL	5.04	0	33.15
33.16 MEDICAID TAX ASSESSMNT	A	-810	MENTAL HEALTH ADMINISTRATIVE	5.03	0	33.16
33.17 MALPRACTICE ADJUSTMENT	A	12,809,912	ADMINISTRATIVE AND GENERAL	5.04	0	33.17
33.18 A&G PHYSICIAN PART B FEES	A	-413,431	ADMINISTRATIVE AND GENERAL	5.04	0	33.18
33.19 MEDICAL RECORD FEES	B	-211,500	ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20 OTHER REVENUE ADMIN	B	-272	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21 OTHER REVENUE MEDICAL RECORDS	B	-69,300	ADMINISTRATIVE AND GENERAL	5.04	0	33.21
33.22 OTHER REVENUE RADIOLOGY	B	-4,208	MEDICAL RECORDS & LIBRARY	16.00	0	33.22
33.23 MEDICAL RECORD FEES	B	-7,416	RADIOLOGY-DIAGNOSTIC	54.00	0	33.23
33.24 OTHER REVENUE PHARMACY	B	-48	ADMINISTRATIVE AND GENERAL	5.04	0	33.24
33.25 PSYCH PART B FEES	B	-2,500	PHARMACY	15.00	0	33.25
33.26 TELEPHONE SERVICE	A	-255,354	MENTAL HEALTH ADMINISTRATIVE	5.03	0	33.26
33.27 NON OPERATING REVENUE ADMIN	B	94,797	ADMINISTRATIVE AND GENERAL	5.01	0	33.27
33.28 NON OPERATING REVENUE RADIOLOGY	B	-2,748	ADMINISTRATIVE AND GENERAL	5.04	0	33.28
33.29 NON OPERATING REVENUE MEDICAL RECORDS	B	-2,356	RADIOLOGY-DIAGNOSTIC	54.00	0	33.29
33.30 ADVERTISING EXPENSE O.T.	B	-34,815	MEDICAL RECORDS & LIBRARY	16.00	0	33.30
33.31 ADVERTISING EXPENSE ADMIN	B	-16	OCCUPATIONAL THERAPY	67.00	0	33.31
33.32 ADVERTISING EXPENSE EMPLOYEE H&W	B	-1,295	ADMINISTRATIVE AND GENERAL	5.04	0	33.32
33.33 ADVERTISING EXPENSE RADIOLOGY	B	-9,964	EMPLOYEE BENEFITS	4.00	0	33.33
33.34 ADVERTISING EXPENSE P.T.	B	-2,302	RADIOLOGY-DIAGNOSTIC	54.00	0	33.34
33.35 ADVERTISING EXPENSE P.T.	B	-2,356	PHYSICAL THERAPY	66.00	0	33.35

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
33.40 ADVERTISING EXPENSE DIABETES CENTER	B	-84,953	DIABETES CARE CENTER		76.02	0 33.40
34.00 CHARITABLE CONTRIBUTIONS	A	-8,220	ADMINISTRATIVE AND GENERAL		5.04	0 34.00
35.00 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-3,828	EMPLOYEE BENEFITS		4.00	0 35.00
36.00 ASBESTOS REMOVAL	A	89,704	OPERATION OF PLANT		7.00	0 36.00
37.00 BUILDING RENTAL INCOME	B	-84,340	ADMINISTRATIVE AND GENERAL		5.04	0 37.00
38.00 GRANT INCOME	B	-49,283	ADMINISTRATIVE AND GENERAL		5.04	0 38.00
38.01 SELF FUNDED INSURANCE	A	-95,574	EMPLOYEE BENEFITS		4.00	0 38.01
38.02 SELF FUNDED INSURANCE	A	-156,024	ADMITTING		5.01	0 38.02
38.04 SELF FUNDED INSURANCE	A	-16,278	MENTAL HEALTH ADMINISTRATION		5.03	0 38.04
38.05 SELF FUNDED INSURANCE	A	-458,505	ADMINISTRATIVE AND GENERAL		5.04	0 38.05
38.06 SELF FUNDED INSURANCE	A	-180,998	OPERATION OF PLANT		7.00	0 38.06
38.07 SELF FUNDED INSURANCE	A	-188	OPERATION OF PLANT- POB I		7.01	0 38.07
38.08 SELF FUNDED INSURANCE	A	-21,151	OPERATION OF PLANT NW		7.02	0 38.08
38.09 SELF FUNDED INSURANCE	A	-122,112	HOUSEKEEPING		9.00	0 38.09
38.10 SELF FUNDED INSURANCE	A	-11,105	HOUSEKEEPING-POB I		9.01	0 38.10
38.11 SELF FUNDED INSURANCE	A	-14,748	HOUSEKEEPING NW		9.02	0 38.11
38.12 SELF FUNDED INSURANCE	A	-191,855	NURSING ADMINISTRATION		13.00	0 38.12
38.13 SELF FUNDED INSURANCE	A	-34,783	CENTRAL SERVICES & SUPPLY		14.00	0 38.13
38.14 SELF FUNDED INSURANCE	A	-257,886	PHARMACY		15.00	0 38.14
38.15 SELF FUNDED INSURANCE	A	-285,468	MEDICAL RECORDS & LIBRARY		16.00	0 38.15
38.16 SELF FUNDED INSURANCE	A	-62,068	SOCIAL SERVICE		17.00	0 38.16
38.17 SELF FUNDED INSURANCE	A	-4,174	PARAMEDICAL PRGM		23.00	0 38.17
38.18 SELF FUNDED INSURANCE	A	-1,539,929	ADULTS & PEDIATRICS		30.00	0 38.18
38.19 SELF FUNDED INSURANCE	A	-405,103	INTENSIVE CARE UNIT		31.00	0 38.19
38.20 SELF FUNDED INSURANCE	A	-248,299	CORONARY CARE UNIT		32.00	0 38.20
38.21 SELF FUNDED INSURANCE	A	-81,830	SUBPROVIDER - IRF		41.00	0 38.21
38.22 SELF FUNDED INSURANCE	A	-96,320	SUBPROVIDER - IPF		40.00	0 38.22
38.23 SELF FUNDED INSURANCE	A	-423,713	OPERATING ROOM		50.00	0 38.23
38.24 SELF FUNDED INSURANCE	A	-42,743	RECOVERY ROOM		51.00	0 38.24
38.25 SELF FUNDED INSURANCE	A	-391,249	RADIOLOGY-DIAGNOSTIC		54.00	0 38.25
38.26 SELF FUNDED INSURANCE	A	-61,818	CT SCAN		57.00	0 38.26
38.27 SELF FUNDED INSURANCE	A	-88,932	CARDIAC CATHETERIZATION		59.00	0 38.27
38.28 SELF FUNDED INSURANCE	A	-426,516	LABORATORY		60.00	0 38.28
38.29 SELF FUNDED INSURANCE	A	-52,745	G. I. LAB		60.01	0 38.29
38.30 SELF FUNDED INSURANCE	A	-24,309	VASCULAR LAB		60.02	0 38.30
38.31 SELF FUNDED INSURANCE	A	-46,660	LABORATORY-PATHOLOGY		60.03	0 38.31
38.32 SELF FUNDED INSURANCE	A	-32,088	BLOOD STORING, PROCESSING & TRANS.		63.00	0 38.32
38.33 SELF FUNDED INSURANCE	A	-279,607	RESPIRATORY THERAPY		65.00	0 38.33
38.34 SELF FUNDED INSURANCE	A	-142,630	PHYSICAL THERAPY		66.00	0 38.34
38.35 SELF FUNDED INSURANCE	A	-69,203	OCCUPATIONAL THERAPY		67.00	0 38.35
38.36 SELF FUNDED INSURANCE	A	-20,359	SPEECH PATHOLOGY		68.00	0 38.36
38.37 SELF FUNDED INSURANCE	A	-57,387	ELECTROCARDIOLOGY		69.00	0 38.37
38.38 SELF FUNDED INSURANCE	A	-33,212	ELECTROENCEPHALOGRAPHY		70.00	0 38.38
38.39 SELF FUNDED INSURANCE	A	-9,035	SHOCK THERAPY		76.00	0 38.39
38.40 SELF FUNDED INSURANCE	A	-100,701	PAIN MANAGEMENT & OP CHEMO		76.01	0 38.40
38.41 SELF FUNDED INSURANCE	A	-26,828	DIABETES CARE CENTER		76.02	0 38.41
38.42 SELF FUNDED INSURANCE	A	-42,769	OP PSYCH		76.03	0 38.42
38.43 SELF FUNDED INSURANCE	A	-10,801	CARDIAC REHAB		76.04	0 38.43
38.44 SELF FUNDED INSURANCE	A	-10,057	HYPERBARIC OXYGEN THERAPY		76.98	0 38.44
38.45 SELF FUNDED INSURANCE	A	-677,071	EMERGENCY		91.00	0 38.45
38.46 SELF FUNDED INSURANCE	A	-398,893	AMBULANCE SERVICES		95.00	0 38.46
38.47 SELF FUNDED INSURANCE	A	-47,693	RETAIL PHARMACY		190.10	0 38.47
38.48 SELF FUNDED INSURANCE	A	-20,005	PUBLIC RELATIONS		190.11	0 38.48
38.49 SELF FUNDED INSURANCE	A	-21,251	PHYSICIAN PRACTICE DEVELOPMENT		190.12	0 38.49
38.50 SELF FUNDED INSURANCE	A	-4,467	PHYSICIANS' PRIVATE OFFICES GRAHAM		192.01	0 38.50
39.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-500	MENTAL HEALTH ADMINISTRATION		5.03	0 39.00
40.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-14,163	ADMINISTRATIVE AND GENERAL		5.04	0 40.00
41.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-380	ADMITTING		5.01	0 41.00
42.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-968	PHARMACY		15.00	0 42.00

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:
 5/28/2013 5:45 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
43.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-1,554	RADIOLOGY-DIAGNOSTIC	54.00	0	43.00
44.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-35	OCCUPATIONAL THERAPY	67.00	0	44.00
45.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-20,959	DIABETES CARE CENTER	76.02	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		7,337,428				50.00

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

Provider CCN: 260180

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2013 5:45 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	22,346,907	0 1.00
2.00	5.04	ADMINISTRATIVE AND GENERAL	CHRISTIAN HEALTH SERVICES	127,698	0 2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	193,731	193,031 3.00
4.00	60.00	LABORATORY	BARNES JEWISH LAB	104,788	93,287 4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	63,582	124,699 4.01
4.02	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIES	8,111	11,000 4.02
5.00	0		0	22,844,817	422,017 5.00

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

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

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

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

6.00	G	BJC HEALTH CARE	0.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE			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: 260180

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2013 5:45 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	DR. A	15,000	0	15,000	196,400	132	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,090,625	1,090,625	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,549,015	1,549,015	0	0	0	3.00
4.00	41.00	DR. B	51,000	0	51,000	177,200	538	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	374,542	374,542	0	0	0	5.00
6.00	50.00	DR. C	30,000	0	30,000	208,000	217	6.00
7.00	50.00	DR. D	50,000	0	50,000	208,000	316	7.00
8.00	50.00	DR. E	15,832	0	15,832	208,000	193	8.00
9.00	50.00	DR. F	70,000	0	70,000	208,000	390	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	5,431,983	5,401,983	30,000	200,300	163	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	618,000	570,000	48,000	225,300	239	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	75,000	75,000	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	396,232	46,228	350,004	215,700	5,271	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	382,014	382,014	0	0	0	14.00
15.00	60.01	DR. G	9,000	0	9,000	177,200	72	15.00
16.00	69.00	DR. H	15,000	15,000	0	0	0	16.00
17.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	1,549,000	1,549,000	0	0	0	17.00
18.00	76.02	DR. I	8,333	8,333	0	0	0	18.00
19.00	76.03	DR. J	21,000	0	21,000	177,200	206	19.00
20.00	91.00	AGGREGATE-EMERGENCY	3,633,499	3,633,499	0	0	0	20.00
200.00			15,385,075	14,695,239	689,836		7,737	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. A	12,464	623	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	41.00	DR. B	45,833	2,292	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	50.00	DR. C	21,700	1,085	0	0	0	6.00
7.00	50.00	DR. D	31,600	1,580	0	0	0	7.00
8.00	50.00	DR. E	19,300	965	0	0	0	8.00
9.00	50.00	DR. F	39,000	1,950	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	15,697	785	0	0	0	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	25,888	1,294	0	0	0	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	546,613	27,331	0	0	0	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	14.00
15.00	60.01	DR. G	6,134	307	0	0	0	15.00
16.00	69.00	DR. H	0	0	0	0	0	16.00
17.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	17.00
18.00	76.02	DR. I	0	0	0	0	0	18.00
19.00	76.03	DR. J	17,550	878	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	20.00
200.00			781,779	39,090	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	DR. A	0	12,464	2,536	2,536	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,090,625	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,549,015	3.00
4.00	41.00	DR. B	0	45,833	5,167	5,167	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	374,542	5.00
6.00	50.00	DR. C	0	21,700	8,300	8,300	6.00
7.00	50.00	DR. D	0	31,600	18,400	18,400	7.00
8.00	50.00	DR. E	0	19,300	0	0	8.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260180

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2013 5:45 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
9.00	50.00	DR. F	0	39,000	31,000	31,000		9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	15,697	14,303	5,416,286		10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	25,888	22,112	592,112		11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	75,000		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	546,613	0	46,228		13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	382,014		14.00
15.00	60.01	DR. G	0	6,134	2,866	2,866		15.00
16.00	69.00	DR. H	0	0	0	15,000		16.00
17.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	1,549,000		17.00
18.00	76.02	DR. I	0	0	0	8,333		18.00
19.00	76.03	DR. J	0	17,550	3,450	3,450		19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	0	0	3,633,499		20.00
200.00			0	781,779	108,134	14,803,373		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		0	1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,635,131	5,635,131				1.00
1.01	00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482			1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292		1.02
1.03	00103	NEW CAP REL COSTS-PFD	21,577	0	0	0	21,577	1.03
1.04	00104	NEW CAP REL COSTS-CHIP	62,248	0	0	0	0	1.04
1.05	00105	NEW CAP REL COSTS-POB I	497,227	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	311,496	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	743,430	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	10,164,069					2.00
4.00	00400	EMPLOYEE BENEFITS	4,244,461	11,674	0	964	1,997	4.00
5.01	00510	ADMINISTRATIVE	2,562,813	24,345	0	0	414	5.01
5.02	00511	CASHIERING	0	32,030	0	46	2,092	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	268,847	0	0	139	0	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	45,385,806	524,175	3,093	1,595	12,105	5.04
7.00	00700	OPERATION OF PLANT	6,636,188	747,528	334	1,064	2,657	7.00
7.01	00701	OPERATION OF PLANT- POB I	3,114	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	634,083	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,165,186	69,307	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,911,316	66,699	0	102	100	9.00
9.01	00901	HOUSEKEEPING-POB I	212,352	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	371,067	0	0	0	0	9.02
10.00	01000	DIETARY	4,175,088	42,615	2,055	0	94	10.00
11.00	01100	CAFETERIA	22,058	49,718	0	1,297	257	11.00
13.00	01300	NURSING ADMINISTRATION	2,997,490	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	631,088	76,241	0	0	0	14.00
15.00	01500	PHARMACY	4,568,839	42,569	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,913,257	66,914	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	920,087	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	86,599	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM	49,640	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,443,125	1,675,885	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,425,081	120,835	0	159	0	31.00
32.00	03200	CORONARY CARE UNIT	3,767,931	106,185	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,399,767	114,653	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,319,587	99,266	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,856,566	767,010	0	58	0	50.00
51.00	05100	RECOVERY ROOM	682,786	37,783	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	379,314	6,075	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,093,136	103,240	0	145	0	54.00
57.00	05700	CT SCAN	1,220,876	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,107,987	102,365	0	0	0	59.00
60.00	06000	LABORATORY	10,046,651	71,363	0	3,794	0	60.00
60.01	06001	G. I. LAB	1,146,965	23,517	0	946	0	60.01
60.02	06002	VASCULAR LAB	348,206	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,046,583	0	0	335	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,214,945	0	0	360	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,394,588	33,089	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	2,153,938	50,193	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,021,356	27,658	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	289,239	18,853	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	918,780	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	532,779	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,340,324	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,754,455	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,010,852	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,693,071	20,771	0	0	0	74.00
76.00	03020	SHOCK THERAPY	137,989	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	1,703,061	4,648	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	789,495	0	0	0	0	76.02
76.03	03023	OP PSYCH	680,402	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	172,624	34,469	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	358,491	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,706,079	253,727	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		0	1.00	1.01	1.02	1.03		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,773,357	0	0	218	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	240,146,717	5,425,400	5,482	15,059	19,716	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,329	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	762	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	184,926	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	155,444	0	0	0	40	190.09
190.10	19010	RETAIL PHARMACY	5,818,129	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	1,112,911	5,476	0	0	494	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	513,998	0	0	0	565	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	89,792	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	247,836,991	5,635,131	5,482	16,292	21,577	202.00
CAPITAL RELATED COSTS								
Cost Center Description			NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP	62,248					1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	497,227				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	311,496			1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	743,430		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					10,164,069	2.00
4.00	00400	EMPLOYEE BENEFITS	0	13,425	0	0	0	4.00
5.01	00510	ADMINISTRATIVE	0	0	0	20,233	5,094	5.01
5.02	00511	CASHIERING	0	0	0	0	1,031	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	1,269	74,780	14,470	148,191	6,015,486	5.04
7.00	00700	OPERATION OF PLANT	11,028	39,078	1,435	0	24,047	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	17,156	5,420	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	7,756	217	8.00
9.00	00900	HOUSEKEEPING	640	0	0	0	1,701	9.00
9.01	00901	HOUSEKEEPING-POB I	0	554	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	10,608	0	9.02
10.00	01000	DIETARY	0	0	0	0	20,971	10.00
11.00	01100	CAFETERIA	0	0	0	19,137	18,322	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,029	0	0	206,183	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	36,578	14.00
15.00	01500	PHARMACY	0	0	0	0	28,845	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,560	0	10,046	1,421	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	83,449	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	180,533	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	106,654	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	4,455	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	2,518	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	693,735	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	66,020	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	131,522	53.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
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		CAPITAL RELATED COSTS						
Cost Center Description		NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
		1.04	1.05	1.06	1.07	2.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,695	32,319	0	116,479	386,262	54.00
57.00	05700	CT SCAN	1,856	0	0	0	225,661	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	660,065	59.00
60.00	06000	LABORATORY	0	1,676	0	17,085	156,554	60.00
60.01	06001	G.I. LAB	0	0	0	0	86,091	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	12,006	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	34,544	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	65	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	45,018	120,212	65.00
66.00	06600	PHYSICAL THERAPY	0	0	69,480	0	5,087	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,478	0	115	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	9,015	0	2,346	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	94,946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	46,817	19,409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	31,458	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	5,229	0	0	38,882	76.01
76.02	03022	DIABETES CARE CENTER	0	9,059	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	13,485	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	3,280	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	251,857	126,943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	508,845	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,488	185,709	102,878	710,383	10,160,458	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	33,047	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	11,760	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	23,354	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	3,482	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	129	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	288,164	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	208,618	0	0	192.01
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)	62,248	497,227	311,496	743,430	10,164,069	202.00
Cost Center Description		EMPLOYEE BENEFITS	ADMINITTING	CASHIERING	MENTAL HEALTH ADMINISTRATION	Subtotal		
		4.00	5.01	5.02	5.03	5A.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	4,272,521					4.00
5.01	00510	ADMINITTING	85,995	2,698,894				5.01
5.02	00511	CASHIERING	0	0	35,199			5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	8,972	0	0	277,958		5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	252,714	0	0	0	52,433,684	5.04
7.00	00700	OPERATION OF PLANT	99,760	0	0	0	7,563,119	7.00
7.01	00701	OPERATION OF PLANT- POB I	104	0	0	0	3,218	7.01
7.02	00702	OPERATION OF PLANT NW	11,658	0	0	0	668,317	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,242,466	8.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Cost Center Description			EMPLOYEE BENEFITS	ADMINING	CASHIERING	MENTAL HEALTH ADMINISTRATION	Subtotal	
			4.00	5.01	5.02	5.03	5A.03	
9.00	00900	HOUSEKEEPING	67,304	0	0	0	3,047,862	9.00
9.01	00901	HOUSEKEEPING-POB I	6,121	0	0	0	219,027	9.01
9.02	00902	HOUSEKEEPING NW	8,129	0	0	0	389,804	9.02
10.00	01000	DIETARY	0	0	0	0	4,240,823	10.00
11.00	01100	CAFETERIA	0	0	0	0	110,789	11.00
13.00	01300	NURSING ADMINISTRATION	105,744	0	0	0	3,311,743	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,171	0	0	0	763,078	14.00
15.00	01500	PHARMACY	142,138	0	0	0	4,782,391	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	157,341	0	0	0	6,156,539	16.00
17.00	01700	SOCIAL SERVICE	34,210	0	0	0	954,297	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	86,599	21.00
23.00	02300	PARAMED ED PRGM	2,301	0	0	0	51,941	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	848,755	245,068	3,190	165,934	26,465,680	30.00
31.00	03100	INTENSIVE CARE UNIT	223,280	53,386	695	0	7,003,969	31.00
32.00	03200	CORONARY CARE UNIT	136,855	38,775	505	0	4,156,905	32.00
40.00	04000	SUBPROVIDER - I PF	53,088	10,478	136	112,024	1,694,601	40.00
41.00	04100	SUBPROVIDER - I RF	45,102	10,937	142	0	1,477,552	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	233,537	132,729	1,728	0	10,685,363	50.00
51.00	05100	RECOVERY ROOM	23,559	17,089	222	0	827,459	51.00
53.00	05300	ANESTHESIOLOGY	0	26,829	349	0	544,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,644	254,961	3,319	0	8,241,200	54.00
57.00	05700	CT SCAN	34,072	191,173	2,489	0	1,676,127	57.00
59.00	05900	CARDIAC CATHETERIZATION	49,016	63,208	823	0	2,983,464	59.00
60.00	06000	LABORATORY	235,082	392,352	5,173	0	10,929,730	60.00
60.01	06001	G. I. LAB	29,072	23,623	308	0	1,310,522	60.01
60.02	06002	VASCULAR LAB	13,398	22,567	294	0	396,854	60.02
60.03	06003	LABORATORY-PATHOLOGY	25,717	18,441	240	0	1,125,860	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,686	34,847	454	0	3,268,357	63.00
65.00	06500	RESPIRATORY THERAPY	154,111	83,310	1,084	0	4,831,465	65.00
66.00	06600	PHYSICAL THERAPY	78,613	31,537	411	0	2,389,259	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,143	12,779	166	0	1,108,695	67.00
68.00	06800	SPEECH PATHOLOGY	11,221	3,522	46	0	334,242	68.00
69.00	06900	ELECTROCARDIOLOGY	31,630	93,255	1,214	0	1,140,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,305	18,298	238	0	636,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	119,766	1,559	0	8,461,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	97,196	1,265	0	9,852,916	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	267,882	3,487	0	16,282,221	73.00
74.00	07400	RENAL DIALYSIS	0	17,818	232	0	1,763,350	74.00
76.00	03020	SHOCK THERAPY	4,980	653	8	0	143,630	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	55,503	16,653	217	0	1,824,193	76.01
76.02	03022	DIABETES CARE CENTER	14,787	462	6	0	813,809	76.02
76.03	03023	OP PSYCH	23,573	9,965	130	0	727,555	76.03
76.04	03024	CARDIAC REHAB	5,953	1,220	16	0	217,562	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,543	5,446	71	0	369,551	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	373,180	316,166	4,116	0	12,033,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	219,857	66,503	866	0	7,569,646	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,220,924	2,698,894	35,199	277,958	239,313,741	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	19,329	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	33,047	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	11,760	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	762	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	184,926	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	23,354	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	158,966	190.09
190.10	19010	RETAIL PHARMACY	26,397	0	0	0	5,844,655	190.10
190.11	19011	PUBLIC RELATIONS	11,026	0	0	0	1,129,907	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	11,713	0	0	0	526,276	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	288,164	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	2,461	0	0	0	300,871	192.01
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)	4,272,521	2,698,894	35,199	277,958	247,836,991	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Part I
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Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
			5.04	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	ADMINISTRATIVE						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	52,433,684					5.04
7.00	00700	OPERATION OF PLANT	2,029,457	9,592,576				7.00
7.01	00701	OPERATION OF PLANT- POB I	864	0	4,082			7.01
7.02	00702	OPERATION OF PLANT NW	179,334	0	0	847,651		7.02
8.00	00800	LAUNDRY & LINEN SERVICE	333,398	111,272	0	11,785	1,698,921	8.00
9.00	00900	HOUSEKEEPING	817,851	140,556	0	0	0	9.00
9.01	00901	HOUSEKEEPING-POB I	58,773	0	6	0	0	9.01
9.02	00902	HOUSEKEEPING NW	104,598	0	0	16,119	0	9.02
10.00	01000	DIETARY	1,137,965	258,872	0	0	0	10.00
11.00	01100	CAFETERIA	29,729	228,308	0	29,078	0	11.00
13.00	01300	NURSING ADMINISTRATION	888,660	28,298	22	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	204,761	122,405	0	0	17,872	14.00
15.00	01500	PHARMACY	1,283,288	68,345	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,652,021	107,430	83	15,265	0	16.00
17.00	01700	SOCIAL SERVICE	256,072	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	23,238	0	0	0	0	21.00
23.00	02300	PARAMEDICAL PRGM	13,938	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,101,635	2,716,814	0	0	885,301	30.00
31.00	03100	INTENSIVE CARE UNIT	1,879,417	209,147	0	0	103,820	31.00
32.00	03200	CORONARY CARE UNIT	1,115,447	170,480	0	0	81,594	32.00
40.00	04000	SUBPROVIDER - IPF	454,722	184,075	0	0	19,339	40.00
41.00	04100	SUBPROVIDER - IRF	396,480	159,372	0	0	56,103	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,867,268	1,237,000	0	0	113,636	50.00
51.00	05100	RECOVERY ROOM	222,037	60,660	0	0	784	51.00
53.00	05300	ANESTHESIOLOGY	145,999	9,753	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,211,411	966,848	357	176,990	39,225	54.00
57.00	05700	CT SCAN	449,765	40,933	0	0	37,625	57.00
59.00	05900	CARDIAC CATHETERIZATION	800,571	164,347	0	0	22,233	59.00
60.00	06000	LABORATORY	2,932,840	476,319	18	25,961	0	60.00
60.01	06001	G.I. LAB	351,660	127,946	0	0	17,960	60.01
60.02	06002	VASCULAR LAB	106,490	36,549	0	0	6,263	60.02
60.03	06003	LABORATORY-PATHOLOGY	302,109	31,993	0	0	0	60.03
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	877,018	34,332	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,296,456	58,198	0	68,405	28	65.00
66.00	06600	PHYSICAL THERAPY	641,124	80,585	0	0	3,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	297,503	44,406	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	89,689	30,269	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	306,070	75,906	0	0	1,998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170,738	41,869	0	71,138	2,042	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,270,565	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,643,892	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,369,106	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	473,170	33,347	0	0	0	74.00
76.00	03020	SHOCK THERAPY	38,541	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	489,497	7,462	58	0	2,925	76.01
76.02	03022	DIABETES CARE CENTER	218,374	0	100	0	0	76.02
76.03	03023	OP PSYCH	195,229	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	58,380	55,341	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	99,164	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,229,065	559,514	0	382,695	234,302	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,031,209	20,762	0	0	51,873	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,146,588	8,699,713	644	797,436	1,698,921	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	5,187	31,032	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
			5.04	7.00	7.01	7.02	8.00	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	331	117,602	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	8,868	0	0	50,215	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	3,156	259,365	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	204	73,393	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	49,622	296,899	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	6,267	0	258	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	42,656	3,817	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	1,568,331	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	303,195	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	141,219	54,380	0	0	0	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	77,325	56,375	3,180	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	80,735	0	0	0	0	192.01
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)	52,433,684	9,592,576	4,082	847,651	1,698,921	202.00
Cost Center Description			HOUSEKEEPING	HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	
			9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	ADMINISTRATIVE						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,006,269					9.00
9.01	00901	HOUSEKEEPING-POB I	0	277,806				9.01
9.02	00902	HOUSEKEEPING NW	0	0	510,521			9.02
10.00	01000	DIETARY	113,597	0	0	5,751,257		10.00
11.00	01100	CAFETERIA	100,185	0	18,109	0	516,198	11.00
13.00	01300	NURSING ADMINISTRATION	12,418	1,526	0	0	10,560	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,713	0	0	0	3,449	14.00
15.00	01500	PHARMACY	29,991	0	0	0	11,720	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,142	5,686	9,507	0	21,608	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,876	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	611	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,192,180	0	0	3,884,128	117,416	30.00
31.00	03100	INTENSIVE CARE UNIT	91,777	0	0	440,409	22,158	31.00
32.00	03200	CORONARY CARE UNIT	74,809	0	0	324,078	16,146	32.00
40.00	04000	SUBPROVIDER - I PF	80,775	0	0	221,546	6,471	40.00
41.00	04100	SUBPROVIDER - I RF	69,935	0	0	246,760	5,677	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	542,815	0	0	0	22,830	50.00
51.00	05100	RECOVERY ROOM	26,619	0	0	0	2,381	51.00
53.00	05300	ANESTHESIOLOGY	4,280	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	424,268	24,306	110,226	0	23,044	54.00
57.00	05700	CT SCAN	17,962	0	0	0	3,846	57.00
59.00	05900	CARDIAC CATHETERIZATION	72,118	0	0	0	4,700	59.00
60.00	06000	LABORATORY	209,016	1,260	16,168	0	34,581	60.00
60.01	06001	G. I. LAB	56,145	0	0	0	3,083	60.01
60.02	06002	VASCULAR LAB	16,038	0	0	0	1,373	60.02
60.03	06003	LABORATORY-PATHOLOGY	14,039	0	0	0	3,723	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,066	0	0	0	2,319	63.00
65.00	06500	RESPIRATORY THERAPY	25,538	0	42,601	0	16,908	65.00
66.00	06600	PHYSICAL THERAPY	35,362	0	0	0	9,522	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,486	0	0	0	4,761	67.00
68.00	06800	SPEECH PATHOLOGY	13,282	0	0	0	1,099	68.00
69.00	06900	ELECTROCARDIOLOGY	33,309	0	0	0	3,662	69.00

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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	
		9.00	9.01	9.02	10.00	11.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	18,373	0	44,303	0	2,503	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	14,633	0	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	0	0	519	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	3,275	3,933	0	0	7,417	76.01
76.02	03022 DIABETES CARE CENTER	0	6,813	0	0	1,862	76.02
76.03	03023 OP PSYCH	0	0	0	0	3,235	76.03
76.04	03024 CARDIAC REHAB	24,284	0	0	0	580	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	764	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	245,524	0	238,334	0	28,171	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	9,111	0	0	0	35,832	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,707,065	43,524	479,248	5,116,921	438,407	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,617	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	634,336	72,572	190.01
190.02	19002 NON REIMBURSABLE B BLDG	51,606	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	31,273	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	113,813	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	32,206	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	37,686	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	17,564	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	1,675	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	2,472	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	1,130	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	23,863	0	0	0	916	190.12
192.00	19200 PHYSICIANS' PRIVATE OFFICES	24,738	216,718	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	701	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,006,269	277,806	510,521	5,751,257	516,198	202.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-WHSE						1.01
1.02	00102 NEW CAP REL COSTS-B BLDG						1.02
1.03	00103 NEW CAP REL COSTS-PFD						1.03
1.04	00104 NEW CAP REL COSTS-CHIP						1.04
1.05	00105 NEW CAP REL COSTS-POB I						1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 ADMINISTRATION						5.01
5.02	00511 CASHIERING						5.02
5.03	00512 MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560 ADMINISTRATIVE AND GENERAL						5.04
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT- POB I						7.01
7.02	00702 OPERATION OF PLANT NW						7.02
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
9.01	00901 HOUSEKEEPING-POB I						9.01
9.02	00902 HOUSEKEEPING NW						9.02
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION	4,253,227					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,165,278				14.00
15.00	01500 PHARMACY	0	0	6,175,735			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	8,015,281		16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	1,214,245	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,014,439	0	1,217	727,760	724,904	30.00

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
31.00	03100 INTENSIVE CARE UNIT	403,101	0	128	158,535	0	31.00
32.00	03200 CORONARY CARE UNIT	294,003	0	90	115,147	0	32.00
40.00	04000 SUBPROVIDER - I/PF	118,293	0	20	31,116	489,341	40.00
41.00	04100 SUBPROVIDER - I/RF	102,959	0	52	32,479	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	377,656	0	11,167	394,155	0	50.00
51.00	05100 RECOVERY ROOM	43,824	0	33	50,747	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	24,261	79,673	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	15	757,140	0	54.00
57.00	05700 CT SCAN	0	0	0	567,713	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	162	187,703	0	59.00
60.00	06000 LABORATORY	0	0	0	1,165,724	0	60.00
60.01	06001 G.I. LAB	0	0	23	70,150	0	60.01
60.02	06002 VASCULAR LAB	0	0	3	67,014	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	54,763	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	103,483	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	357	247,398	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	93,652	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	37,949	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	10,458	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	276,933	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	54,339	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	538,055	0	355,659	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	627,223	0	288,636	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	6,119,690	795,509	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	52,913	0	74.00
76.00	03020 SHOCK THERAPY	0	0	0	1,938	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	135,904	0	13	49,452	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	0	1,372	0	76.02
76.03	03023 OP PSYCH	0	0	0	29,593	0	76.03
76.04	03024 CARDIAC REHAB	0	0	0	3,623	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	16,171	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	763,048	0	639	938,895	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	17,865	197,489	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,253,227	1,165,278	6,175,735	8,015,281	1,214,245	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	4,253,227	1,165,278	6,175,735	8,015,281	1,214,245	202.00

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.04 00104 NEW CAP REL COSTS-CHIP						1.04
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 ADMINISTRATION						5.01
5.02 00511 CASHIERING						5.02
5.03 00512 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00560 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	109,837					21.00
23.00 02300 PARAMED PRGM	0	66,490				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	50,471	45,881,945	0	45,881,945	30.00
31.00 03100 INTENSIVE CARE UNIT	0	5,723	10,318,184	0	10,318,184	31.00
32.00 03200 CORONARY CARE UNIT	0	4,211	6,352,910	0	6,352,910	32.00
40.00 04000 SUBPROVIDER - I PF	0	2,879	3,303,178	0	3,303,178	40.00
41.00 04100 SUBPROVIDER - I RF	0	3,206	2,550,575	0	2,550,575	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	109,837	0	16,361,727	-109,837	16,251,890	50.00
51.00 05100 RECOVERY ROOM	0	0	1,234,544	0	1,234,544	51.00
53.00 05300 ANESTHESIOLOGY	0	0	808,055	0	808,055	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	12,975,030	0	12,975,030	54.00
57.00 05700 CT SCAN	0	0	2,793,971	0	2,793,971	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	4,235,298	0	4,235,298	59.00
60.00 06000 LABORATORY	0	0	15,791,617	0	15,791,617	60.00
60.01 06001 G. I. LAB	0	0	1,937,489	0	1,937,489	60.01
60.02 06002 VASCULAR LAB	0	0	630,584	0	630,584	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	1,532,487	0	1,532,487	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	4,300,575	0	4,300,575	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	6,587,354	0	6,587,354	65.00
66.00 06600 PHYSICAL THERAPY	0	0	3,253,502	0	3,253,502	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,512,800	0	1,512,800	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	479,039	0	479,039	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	1,838,499	0	1,838,499	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,041,590	0	1,041,590	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	11,625,928	0	11,625,928	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	13,412,667	0	13,412,667	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	27,566,526	0	27,566,526	73.00
74.00 07400 RENAL DIALYSIS	0	0	2,337,413	0	2,337,413	74.00
76.00 03020 SHOCK THERAPY	0	0	184,628	0	184,628	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	0	2,524,129	0	2,524,129	76.01
76.02 03022 DIABETES CARE CENTER	0	0	1,042,330	0	1,042,330	76.02
76.03 03023 OP PSYCH	0	0	955,612	0	955,612	76.03
76.04 03024 CARDIAC REHAB	0	0	359,770	0	359,770	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	485,650	0	485,650	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	18,653,850	0	18,653,850	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	21.00	23.00	24.00	25.00	26.00			
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	9,933,787	0	9,933,787	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,837	66,490	234,803,243	-109,837	234,693,406	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	69,165	0	69,165	190.00
190.01	19001	VISITOR MEALS	0	0	706,908	0	706,908	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	170,772	0	170,772	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	123,403	0	123,403	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	388,094	0	388,094	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	106,565	0	106,565	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	569,133	0	569,133	190.06
190.07	19007	NON REIMBURSABLE POBI	0	0	47,443	0	47,443	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	207,114	0	207,114	190.09
190.10	19010	RETAIL PHARMACY	0	0	7,415,458	0	7,415,458	190.10
190.11	19011	PUBLIC RELATIONS	0	0	1,434,232	0	1,434,232	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	746,654	0	746,654	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	666,500	0	666,500	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	382,307	0	382,307	192.01
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)	109,837	66,490	247,836,991	-109,837	247,727,154	202.00

COST ALLOCATION STATISTICS

Provider CCN: 260180

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

Worksheet Non-CMS W

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	1.01
1.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	1.02
1.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	1.03
1.04	NEW CAP REL COSTS-CHIP	24	SQUARE	FEET	1.04
1.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE	FEET	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS	5	GROSS	SALARIES	4.00
5.01	ADMINISTRATIVE	27	GROSS	REVENUE	5.01
5.02	CASHIERING	27	GROSS	REVENUE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIENT	DAYS	5.03
5.04	ADMINISTRATIVE AND GENERAL	-41	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	28	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	7.01
7.02	OPERATION OF PLANT NW	30	SQUARE	FEET	7.02
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	29	SQUARE	FEET	9.00
9.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	9.01
9.02	HOUSEKEEPING NW	30	SQUARE	FEET	9.02
10.00	DIETARY	8	MEALS	SERVED	10.00
11.00	CAFETERIA	9	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	14	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	16.00
17.00	SOCIAL SERVICE	16	TIME	SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
23.00	PARAMEDICAL PRGM	34	PATIENT	DAYS	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS		0					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-WHSE						1.01
1.02	00102 NEW CAP REL COSTS-B BLDG						1.02
1.03	00103 NEW CAP REL COSTS-PFD						1.03
1.04	00104 NEW CAP REL COSTS-CHIP						1.04
1.05	00105 NEW CAP REL COSTS-POB I						1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS	29,674	11,674	0	964	1,997	4.00
5.01	00510 ADMINISTRATION	21,583	24,345	0	0	414	5.01
5.02	00511 CASHIERING	0	32,030	0	46	2,092	5.02
5.03	00512 MENTAL HEALTH ADMINISTRATION	3,964	0	0	139	0	5.03
5.04	00560 ADMINISTRATIVE AND GENERAL	1,229,752	524,175	3,093	1,595	12,105	5.04
7.00	00700 OPERATION OF PLANT	13,491	747,528	334	1,064	2,657	7.00
7.01	00701 OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702 OPERATION OF PLANT NW	5,552	0	0	0	0	7.02
8.00	00800 LAUNDRY & LINEN SERVICE	0	69,307	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	66,699	0	102	100	9.00
9.01	00901 HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902 HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000 DIETARY	4,546	42,615	2,055	0	94	10.00
11.00	01100 CAFETERIA	0	49,718	0	1,297	257	11.00
13.00	01300 NURSING ADMINISTRATION	13,338	0	0	297	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	1,578,308	76,241	0	0	0	14.00
15.00	01500 PHARMACY	420,800	42,569	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	3,978	66,914	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	3,117	0	0	0	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300 PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	44,846	1,675,885	0	274	0	30.00
31.00	03100 INTENSIVE CARE UNIT	4,057	120,835	0	159	0	31.00
32.00	03200 CORONARY CARE UNIT	685	106,185	0	0	0	32.00
40.00	04000 SUBPROVIDER - I PF	6,914	114,653	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	518	99,266	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	13,927	767,010	0	58	0	50.00
51.00	05100 RECOVERY ROOM	0	37,783	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	6,075	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,859	103,240	0	145	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	2,662	102,365	0	0	0	59.00
60.00	06000 LABORATORY	16,420	71,363	0	3,794	0	60.00
60.01	06001 G. I. LAB	0	23,517	0	946	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	14,218	0	0	335	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	360	0	63.00
65.00	06500 RESPIRATORY THERAPY	8,762	33,089	0	53	0	65.00
66.00	06600 PHYSICAL THERAPY	14,750	50,193	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	27,658	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	18,853	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	5,109	0	0	796	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,031	0	0	439	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	628	20,771	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	5,476	4,648	0	0	0	76.01
76.02	03022 DIABETES CARE CENTER	5,886	0	0	0	0	76.02
76.03	03023 OP PSYCH	5,857	0	0	0	0	76.03
76.04	03024 CARDIAC REHAB	387	34,469	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	29,424	253,727	0	1,595	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,408	0	0	218	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		1.00	1.01	1.02	1.03		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,529,927	5,425,400	5,482	15,059	19,716	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,329	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	762	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	184,926	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	40	190.09
190.10	19010 RETAIL PHARMACY	892	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	7,183	5,476	0	0	494	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	2,926	0	0	0	565	190.12
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,540,928	5,635,131	5,482	16,292	21,577	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description		CAPITAL RELATED COSTS					
		NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
		1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	NEW CAP REL COSTS-CHIP					1.04
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	0	13,425	0	0	4.00
5.01	00510	ADMITTING	0	0	0	20,233	5.01
5.02	00511	CASHIERING	0	0	0	0	1,031
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00560	ADMINISTRATIVE AND GENERAL	1,269	74,780	14,470	148,191	6,015,486
7.00	00700	OPERATION OF PLANT	11,028	39,078	1,435	0	24,047
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	0	0	0	17,156	5,420
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	7,756	217
9.00	00900	HOUSEKEEPING	640	0	0	0	1,701
9.01	00901	HOUSEKEEPING-POB I	0	554	0	0	0
9.02	00902	HOUSEKEEPING NW	0	0	0	10,608	0
10.00	01000	DIETARY	0	0	0	0	20,971
11.00	01100	CAFETERIA	0	0	0	19,137	18,322
13.00	01300	NURSING ADMINISTRATION	0	2,029	0	0	206,183
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	36,578
15.00	01500	PHARMACY	0	0	0	0	28,845
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,560	0	10,046	1,421
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	83,449
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	180,533
32.00	03200	CORONARY CARE UNIT	0	0	0	0	106,654
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	4,455
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	2,518
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	693,735
51.00	05100	RECOVERY ROOM	0	0	0	0	66,020
53.00	05300	ANESTHESIOLOGY	0	0	0	0	131,522
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,695	32,319	0	116,479	386,262
57.00	05700	CT SCAN	1,856	0	0	0	225,661
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	660,065
60.00	06000	LABORATORY	0	1,676	0	17,085	156,554
60.01	06001	G.I. LAB	0	0	0	0	86,091
60.02	06002	VASCULAR LAB	0	0	0	0	12,006
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	34,544
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	65
65.00	06500	RESPIRATORY THERAPY	0	0	0	45,018	120,212
66.00	06600	PHYSICAL THERAPY	0	0	69,480	0	5,087
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,478	0	115
68.00	06800	SPEECH PATHOLOGY	0	0	9,015	0	2,346
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	94,946
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	46,817	19,409
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	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	31,458
76.00	03020	SHOCK THERAPY	0	0	0	0	0
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	5,229	0	0	38,882
76.02	03022	DIABETES CARE CENTER	0	9,059	0	0	0
76.03	03023	OP PSYCH	0	0	0	0	13,485
76.04	03024	CARDIAC REHAB	0	0	0	0	3,280
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	251,857	126,943
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	508,845
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,488	185,709	102,878	710,383	10,160,458

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
		1.04	1.05	1.06	1.07	2.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	33,047	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	11,760	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	23,354	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	3,482	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	129	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	288,164	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	208,618	0	0	192.01
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)	62,248	497,227	311,496	743,430	10,164,069	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMINING	CASHIERING	MENTAL HEALTH ADMINISTRATION	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	NEW CAP REL COSTS-CHIP					1.04
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	57,734	57,734			4.00
5.01	00510	ADMINING	71,669	1,162	72,831		5.01
5.02	00511	CASHIERING	35,199	0	0	35,199	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	4,103	121	0	0	4,224
5.04	00560	ADMINISTRATIVE AND GENERAL	8,024,916	3,413	0	0	0
7.00	00700	OPERATION OF PLANT	840,662	1,347	0	0	0
7.01	00701	OPERATION OF PLANT- POB I	0	1	0	0	0
7.02	00702	OPERATION OF PLANT NW	28,128	157	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	77,280	0	0	0	0
9.00	00900	HOUSEKEEPING	69,242	909	0	0	0
9.01	00901	HOUSEKEEPING-POB I	554	83	0	0	0
9.02	00902	HOUSEKEEPING NW	10,608	110	0	0	0
10.00	01000	DIETARY	70,281	0	0	0	0
11.00	01100	CAFETERIA	88,731	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	221,847	1,428	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,691,127	259	0	0	0
15.00	01500	PHARMACY	492,214	1,920	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	89,919	2,125	0	0	0
17.00	01700	SOCIAL SERVICE	3,117	462	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	31	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,804,454	11,490	6,626	3,190	2,522
31.00	03100	INTENSIVE CARE UNIT	305,584	3,016	1,443	695	0
32.00	03200	CORONARY CARE UNIT	213,524	1,849	1,048	505	0
40.00	04000	SUBPROVIDER - IPF	126,022	717	283	136	1,702
41.00	04100	SUBPROVIDER - IRF	102,302	609	296	142	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,474,730	3,154	3,588	1,728	0
51.00	05100	RECOVERY ROOM	103,803	318	462	222	0
53.00	05300	ANESTHESIOLOGY	137,597	0	725	349	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,999	2,913	6,893	3,319	0
57.00	05700	CT SCAN	227,517	460	5,169	2,489	0
59.00	05900	CARDIAC CATHETERIZATION	765,092	662	1,709	823	0
60.00	06000	LABORATORY	266,892	3,175	10,473	5,173	0
60.01	06001	G.I. LAB	110,554	393	639	308	0
60.02	06002	VASCULAR LAB	12,389	181	610	294	0
60.03	06003	LABORATORY-PATHOLOGY	49,097	347	499	240	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	425	239	942	454	0
65.00	06500	RESPIRATORY THERAPY	207,134	2,082	2,252	1,084	0
66.00	06600	PHYSICAL THERAPY	139,510	1,062	853	411	0
67.00	06700	OCCUPATIONAL THERAPY	36,251	515	345	166	0
68.00	06800	SPEECH PATHOLOGY	30,214	152	95	46	0
69.00	06900	ELECTROCARDIOLOGY	100,851	427	2,521	1,214	0
70.00	07000	ELECTROENCEPHALOGRAPHY	70,696	247	495	238	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,238	1,559	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,628	1,265	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,242	3,487	0
74.00	07400	RENAL DIALYSIS	52,857	0	482	232	0
76.00	03020	SHOCK THERAPY	0	67	18	8	0
76.01	03021	PAIN MANAGEMENT & OP CHEMO	54,235	750	450	217	0
76.02	03022	DIABETES CARE CENTER	14,945	200	12	6	0
76.03	03023	OP PSYCH	19,342	318	269	130	0
76.04	03024	CARDIAC REHAB	38,136	80	33	16	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	75	147	71	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	663,546	5,041	8,548	4,116	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	513,471	2,970	1,798	866	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,205,500	57,037	72,831	35,199	4,224
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,329	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE	CASHIERING	MENTAL HEALTH ADMINISTRATION	
			2A	4.00	5.01	5.02	5.03	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	1,233	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	33,047	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	11,760	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	762	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	184,926	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	23,354	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	3,522	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	1,021	357	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	13,153	149	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	3,491	158	0	0	0	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	288,164	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	208,618	33	0	0	0	192.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,997,880	57,734	72,831	35,199	4,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 5:45 pm		
Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE
			5.04	7.00	7.01	7.02	8.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	NEW CAP REL COSTS-CHIP					1.04
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	ADMINISTRATIVE					5.01
5.02	00511	CASHIERING					5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	8,028,329				5.04
7.00	00700	OPERATION OF PLANT	310,738	1,152,747			7.00
7.01	00701	OPERATION OF PLANT- POB I	132	0	133		7.01
7.02	00702	OPERATION OF PLANT NW	27,458	0	0	55,743	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	51,048	13,372	0	775	142,475
9.00	00900	HOUSEKEEPING	125,224	16,891	0	0	0
9.01	00901	HOUSEKEEPING-POB I	8,999	0	0	0	0
9.02	00902	HOUSEKEEPING NW	16,015	0	0	1,060	0
10.00	01000	DIETARY	174,238	31,109	0	0	0
11.00	01100	CAFETERIA	4,552	27,436	0	1,912	0
13.00	01300	NURSING ADMINISTRATION	136,066	3,401	1	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	31,352	14,709	0	0	1,499
15.00	01500	PHARMACY	196,489	8,213	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	252,948	12,910	3	1,004	0
17.00	01700	SOCIAL SERVICE	39,208	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,558	0	0	0	0
23.00	02300	PARAMEDICAL PRGM	2,134	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,087,360	326,480	0	0	74,242
31.00	03100	INTENSIVE CARE UNIT	287,765	25,133	0	0	8,707
32.00	03200	CORONARY CARE UNIT	170,791	20,487	0	0	6,843
40.00	04000	SUBPROVIDER - IPF	69,624	22,120	0	0	1,622
41.00	04100	SUBPROVIDER - IRF	60,707	19,152	0	0	4,705
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	439,019	148,651	0	0	9,530
51.00	05100	RECOVERY ROOM	33,997	7,290	0	0	66
53.00	05300	ANESTHESIOLOGY	22,354	1,172	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	338,598	116,187	12	11,639	3,290
57.00	05700	CT SCAN	68,865	4,919	0	0	3,155
59.00	05900	CARDIAC CATHETERIZATION	122,579	19,750	0	0	1,865
60.00	06000	LABORATORY	449,059	57,240	1	1,707	0
60.01	06001	G.I. LAB	53,844	15,375	0	0	1,506
60.02	06002	VASCULAR LAB	16,305	4,392	0	0	525
60.03	06003	LABORATORY-PATHOLOGY	46,257	3,845	0	0	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	134,284	4,126	0	0	0
65.00	06500	RESPIRATORY THERAPY	198,506	6,994	0	4,498	2
66.00	06600	PHYSICAL THERAPY	98,165	9,684	0	0	335
67.00	06700	OCCUPATIONAL THERAPY	45,552	5,336	0	0	0
68.00	06800	SPEECH PATHOLOGY	13,733	3,637	0	0	0
69.00	06900	ELECTROCARDIOLOGY	46,864	9,122	0	0	168
70.00	07000	ELECTROENCEPHALOGRAPHY	26,142	5,031	0	4,678	171
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	347,655	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	404,817	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	668,971	0	0	0	0
74.00	07400	RENAL DIALYSIS	72,449	4,007	0	0	0
76.00	03020	SHOCK THERAPY	5,901	0	0	0	0
76.01	03021	PAIN MANAGEMENT & OP CHEMO	74,949	897	2	0	245
76.02	03022	DIABETES CARE CENTER	33,436	0	3	0	0
76.03	03023	OP PSYCH	29,892	0	0	0	0
76.04	03024	CARDIAC REHAB	8,939	6,650	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	15,183	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	494,415	67,237	0	25,168	19,649
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	311,006	2,495	0	0	4,350
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,678,142	1,045,450	22	52,441	142,475
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	794	3,729	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
			5.04	7.00	7.01	7.02	8.00	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	51	14,132	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	1,358	0	0	3,302	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	483	31,168	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	31	8,820	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	7,598	35,679	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	960	0	8	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	6,531	459	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	240,133	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	46,423	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	21,623	6,535	0	0	0	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,840	6,775	103	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	12,362	0	0	0	0	192.01
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)	8,028,329	1,152,747	133	55,743	142,475	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 5:45 pm	
Cost Center Description			HOUSEKEEPING	HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	
			9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	ADMINISTRATIVE						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	212,266					9.00
9.01	00901	HOUSEKEEPING-POB I	0	9,636				9.01
9.02	00902	HOUSEKEEPING NW	0	0	27,793			9.02
10.00	01000	DIETARY	6,019	0	0	281,647		10.00
11.00	01100	CAFETERIA	5,308	0	986	0	128,925	11.00
13.00	01300	NURSING ADMINISTRATION	658	53	0	0	2,638	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,846	0	0	0	861	14.00
15.00	01500	PHARMACY	1,589	0	0	0	2,927	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,498	197	518	0	5,397	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	968	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	153	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,165	0	0	190,212	29,325	30.00
31.00	03100	INTENSIVE CARE UNIT	4,863	0	0	21,567	5,534	31.00
32.00	03200	CORONARY CARE UNIT	3,964	0	0	15,871	4,033	32.00
40.00	04000	SUBPROVIDER - IPF	4,280	0	0	10,849	1,616	40.00
41.00	04100	SUBPROVIDER - IRF	3,705	0	0	12,084	1,418	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,760	0	0	0	5,702	50.00
51.00	05100	RECOVERY ROOM	1,410	0	0	0	595	51.00
53.00	05300	ANESTHESIOLOGY	227	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,479	843	6,001	0	5,755	54.00
57.00	05700	CT SCAN	952	0	0	0	1,961	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,821	0	0	0	1,174	59.00
60.00	06000	LABORATORY	11,074	44	880	0	8,637	60.00
60.01	06001	G.I. LAB	2,975	0	0	0	770	60.01
60.02	06002	VASCULAR LAB	850	0	0	0	343	60.02
60.03	06003	LABORATORY-PATHOLOGY	744	0	0	0	930	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	798	0	0	0	579	63.00
65.00	06500	RESPIRATORY THERAPY	1,353	0	2,319	0	4,223	65.00
66.00	06600	PHYSICAL THERAPY	1,874	0	0	0	2,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,032	0	0	0	1,189	67.00
68.00	06800	SPEECH PATHOLOGY	704	0	0	0	274	68.00
69.00	06900	ELECTROCARDIOLOGY	1,765	0	0	0	915	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	973	0	2,412	0	625	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	775	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	130	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	174	136	0	0	1,852	76.01
76.02	03022	DIABETES CARE CENTER	0	236	0	0	465	76.02
76.03	03023	OP PSYCH	0	0	0	0	808	76.03
76.04	03024	CARDIAC REHAB	1,287	0	0	0	145	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	191	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,009	0	12,975	0	7,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	483	0	0	0	8,949	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	196,414	1,509	26,091	250,583	109,496	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	721	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description			HOUSEKEEPING	HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	
			9.00	OB I 9.01	NW 9.02	10.00	11.00	
190.01	19001	VISITOR MEALS	0	0	0	31,064	18,126	190.01
190.02	19002	NON REIMBURSABLE B BLDG	2,734	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	1,702	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	6,030	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	1,706	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	1,997	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	609	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	89	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	617	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	282	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	1,264	0	0	0	229	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,311	7,518	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	175	192.01
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)	212,266	9,636	27,793	281,647	128,925	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 5:45 pm				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-WHSE				1.01		
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02		
1.03	00103	NEW CAP REL COSTS-PFD				1.03		
1.04	00104	NEW CAP REL COSTS-CHIP				1.04		
1.05	00105	NEW CAP REL COSTS-POB I				1.05		
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06		
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.01	00510	ADMINISTRATION				5.01		
5.02	00511	CASHIERING				5.02		
5.03	00512	MENTAL HEALTH ADMINISTRATION				5.03		
5.04	00560	ADMINISTRATIVE AND GENERAL				5.04		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OPERATION OF PLANT- POB I				7.01		
7.02	00702	OPERATION OF PLANT NW				7.02		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
9.01	00901	HOUSEKEEPING-POB I				9.01		
9.02	00902	HOUSEKEEPING NW				9.02		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION	366,092			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,742,653		14.00		
15.00	01500	PHARMACY	0	0	703,352	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	367,519		
17.00	01700	SOCIAL SERVICE	0	0	0	0	43,755	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
23.00	02300	PARAMED PRGM	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	173,392	0	139	33,374	26,122	30.00
31.00	03100	INTENSIVE CARE UNIT	34,696	0	15	7,270	0	31.00
32.00	03200	CORONARY CARE UNIT	25,306	0	10	5,280	0	32.00
40.00	04000	SUBPROVIDER - IPF	10,182	0	2	1,427	17,633	40.00
41.00	04100	SUBPROVIDER - IRF	8,862	0	6	1,489	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,506	0	1,272	18,075	0	50.00
51.00	05100	RECOVERY ROOM	3,772	0	4	2,327	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	2,763	3,654	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2	34,721	0	54.00
57.00	05700	CT SCAN	0	0	0	26,034	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	19	8,608	0	59.00
60.00	06000	LABORATORY	0	0	0	53,411	0	60.00
60.01	06001	G.I. LAB	0	0	3	3,217	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	3,073	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,511	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,746	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	41	11,345	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,295	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,740	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	480	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,700	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,492	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	804,651	0	16,310	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	938,002	0	13,236	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	696,967	36,481	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,426	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	89	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	11,698	0	1	2,268	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	63	0	76.02
76.03	03023	OP PSYCH	0	0	0	1,357	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	166	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	742	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	65,678	0	73	43,056	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	2,035	9,056	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	366,092	1,742,653	703,352	367,519	43,755	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0 190.08
190.09	19009	CATERING	0	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0 190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0 192.01
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)	366,092	1,742,653	703,352	367,519	43,755 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 5:45 pm	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.04	00104	NEW CAP REL COSTS-CHIP				1.04
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	ADMINISTRATION				5.01
5.02	00511	CASHIERING				5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION				5.03
5.04	00560	ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- POB I				7.01
7.02	00702	OPERATION OF PLANT NW				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-POB I				9.01
9.02	00902	HOUSEKEEPING NW				9.02
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,558			21.00
23.00	02300	PARAMED PRGM		2,318		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		3,832,093	0	3,832,093 30.00
31.00	03100	INTENSIVE CARE UNIT		706,288	0	706,288 31.00
32.00	03200	CORONARY CARE UNIT		469,511	0	469,511 32.00
40.00	04000	SUBPROVIDER - I PF		268,215	0	268,215 40.00
41.00	04100	SUBPROVIDER - I RF		215,477	0	215,477 41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,166,715	0	2,166,715 50.00
51.00	05100	RECOVERY ROOM		154,266	0	154,266 51.00
53.00	05300	ANESTHESIOLOGY		168,841	0	168,841 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,239,651	0	1,239,651 54.00
57.00	05700	CT SCAN		340,521	0	340,521 57.00
59.00	05900	CARDIAC CATHETERIZATION		926,102	0	926,102 59.00
60.00	06000	LABORATORY		867,766	0	867,766 60.00
60.01	06001	G. I. LAB		189,584	0	189,584 60.01
60.02	06002	VASCULAR LAB		38,962	0	38,962 60.02
60.03	06003	LABORATORY-PATHOLOGY		104,470	0	104,470 60.03
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.		146,593	0	146,593 63.00
65.00	06500	RESPIRATORY THERAPY		441,833	0	441,833 65.00
66.00	06600	PHYSICAL THERAPY		258,567	0	258,567 66.00
67.00	06700	OCCUPATIONAL THERAPY		92,126	0	92,126 67.00
68.00	06800	SPEECH PATHOLOGY		49,335	0	49,335 68.00
69.00	06900	ELECTROCARDIOLOGY		176,547	0	176,547 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		114,200	0	114,200 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,173,413	0	1,173,413 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		1,359,948	0	1,359,948 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,413,148	0	1,413,148 73.00
74.00	07400	RENAL DIALYSIS		133,228	0	133,228 74.00
76.00	03020	SHOCK THERAPY		6,213	0	6,213 76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO		147,874	0	147,874 76.01
76.02	03022	DIABETES CARE CENTER		49,366	0	49,366 76.02
76.03	03023	OP PSYCH		52,116	0	52,116 76.03
76.04	03024	CARDIAC REHAB		55,452	0	55,452 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		16,409	0	16,409 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY		1,429,547	0	1,429,547 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	SERVICES-SALARY & FRINGES							
	21.00	23.00	24.00	25.00	26.00			
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES		857,479	0	857,479	95.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	19,661,856	0	19,661,856	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		24,573	0	24,573	190.00	
190.01	19001	VISITOR MEALS		49,190	0	49,190	190.01	
190.02	19002	NON REIMBURSABLE B BLDG		18,150	0	18,150	190.02	
190.03	19003	NON REIMB NW BUILDING		39,409	0	39,409	190.03	
190.04	19004	NON REIMBURSABLE CHIP		49,441	0	49,441	190.04	
190.05	19005	NON REIMBURSABLE PFD		11,319	0	11,319	190.05	
190.06	19006	NON REIMBURSABLE HOSPITAL		230,200	0	230,200	190.06	
190.07	19007	NON REIMBURSABLE POBI		24,931	0	24,931	190.07	
190.08	19008	MEALS ON WHEELS		0	0	0	190.08	
190.09	19009	CATERING		10,601	0	10,601	190.09	
190.10	19010	RETAIL PHARMACY		242,128	0	242,128	190.10	
190.11	19011	PUBLIC RELATIONS		60,007	0	60,007	190.11	
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT		33,300	0	33,300	190.12	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		315,711	0	315,711	192.00	
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM		221,188	0	221,188	192.01	
200.00		Cross Foot Adjustments	3,558	2,318	5,876	0	5,876	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,558	2,318	20,997,880	0	20,997,880	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW CHIP (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	367,344					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.04	00104	NEW CAP REL COSTS-CHIP	0	0	0	0	55,743	1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	761	0	3,734	7,807	0	4.00
5.01	00510	ADMINISTRATIVE	1,587	0	0	1,620	0	5.01
5.02	00511	CASHIERING	2,088	0	180	8,177	0	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	540	0	0	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	34,170	11,091	6,178	47,315	1,136	5.04
7.00	00700	OPERATION OF PLANT	48,730	1,196	4,122	10,385	9,876	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,348	0	395	391	573	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,248	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,922	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	7,474	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	6,471	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,730	0	562	0	31,965	54.00
57.00	05700	CT SCAN	0	0	0	0	1,662	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,688	0	0	60.00
60.01	06001	G. I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,299	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,394	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	303	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW CHIP (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	353,672	19,654	58,325	77,065	45,212	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	10,531	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	2,980	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	155	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	5,635,131	5,482	16,292	21,577	62,248	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.340202	0.278925	0.258193	0.255834	1.116696	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)		
		NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.05	1.06	1.07	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.04	00104	NEW CAP REL COSTS-CHIP					1.04	
1.05	00105	NEW CAP REL COSTS-POB I	78,926				1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	40,600			1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	52,911		1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				10,096,092	2.00	
4.00	00400	EMPLOYEE BENEFITS	2,131	0	0	0	92,484,989	4.00
5.01	00510	ADMINISTRATIVE	0	0	1,440	5,060	1,861,494	5.01
5.02	00511	CASHIERING	0	0	0	1,024	0	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	0	0	194,210	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	11,870	1,886	10,547	5,975,254	5,470,347	5.04
7.00	00700	OPERATION OF PLANT	6,203	187	0	23,886	2,159,453	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	2,245	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	1,221	5,384	252,344	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	552	216	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,690	1,456,900	9.00
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	132,497	9.01
9.02	00902	HOUSEKEEPING NW	0	0	755	0	175,954	9.02
10.00	01000	DIETARY	0	0	0	20,831	0	10.00
11.00	01100	CAFETERIA	0	0	1,362	18,199	0	11.00
13.00	01300	NURSING ADMINISTRATION	322	0	0	204,804	2,288,990	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	36,333	414,986	14.00
15.00	01500	PHARMACY	0	0	0	28,652	3,076,790	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	0	715	1,411	3,405,867	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	740,520	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	49,801	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	82,891	18,372,629	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	179,326	4,833,217	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	105,941	2,962,415	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	4,425	1,149,175	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,501	976,304	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	689,095	5,055,249	50.00
51.00	05100	RECOVERY ROOM	0	0	0	65,578	509,965	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	130,642	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	0	8,290	383,679	4,667,926	54.00
57.00	05700	CT SCAN	0	0	0	224,152	737,534	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	655,651	1,061,031	59.00
60.00	06000	LABORATORY	266	0	1,216	155,507	5,088,694	60.00
60.01	06001	G. I. LAB	0	0	0	85,515	629,295	60.01
60.02	06002	VASCULAR LAB	0	0	0	11,926	290,025	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	34,313	556,689	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	65	382,841	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,204	119,408	3,335,948	65.00
66.00	06600	PHYSICAL THERAPY	0	9,056	0	5,053	1,701,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,105	0	114	825,650	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,175	0	2,330	242,900	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	94,311	684,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,332	19,279	396,243	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	31,248	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	107,801	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	830	0	0	38,622	1,201,441	76.01
76.02	03022	DIABETES CARE CENTER	1,438	0	0	0	320,079	76.02
76.03	03023	OP PSYCH	0	0	0	13,395	510,266	76.03
76.04	03024	CARDIAC REHAB	0	0	0	3,258	128,868	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	119,989	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	17,925	126,094	8,078,021	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	505,442	4,759,125	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)			
	NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.05	1.06	1.07	2.00				
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)				91,368,082	118.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.01	19001	VISITOR MEALS	0	0	0	0	190.01	
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	190.02	
190.03	19003	NON REIMB NW BUILDING	0	0	2,352	0	190.03	
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	190.04	
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	190.05	
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06	
190.07	19007	NON REIMBURSABLE POB I	3,707	0	0	0	190.07	
190.08	19008	MEALS ON WHEELS	0	0	0	0	190.08	
190.09	19009	CATERING	0	0	0	3,459	190.09	
190.10	19010	RETAIL PHARMACY	0	0	0	128	571,402	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	238,680	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	253,543	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,741	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	27,191	0	0	53,282	192.01
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)	497,227	311,496	743,430	10,164,069	4,272,521	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.299914	7.672315	14.050575	1.006733	0.046197	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					57,734	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000624	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description			ADMITTING (GROSS REVENUE)	CASHIERING (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	ADMITTING	900,919,725					5.01
5.02	00511	CASHIERING	0	900,919,725				5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	8,724			5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	0	0	0	-52,433,684	195,403,307	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	0	7,563,119	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	3,218	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	668,317	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,242,466	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,047,862	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	219,027	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	389,804	9.02
10.00	01000	DIETARY	0	0	0	0	4,240,823	10.00
11.00	01100	CAFETERIA	0	0	0	0	110,789	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,311,743	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	763,078	14.00
15.00	01500	PHARMACY	0	0	0	0	4,782,391	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	6,156,539	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	954,297	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	86,599	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	51,941	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,798,311	81,798,311	5,208	0	26,465,680	30.00
31.00	03100	INTENSIVE CARE UNIT	17,818,982	17,818,982	0	0	7,003,969	31.00
32.00	03200	CORONARY CARE UNIT	12,942,240	12,942,240	0	0	4,156,905	32.00
40.00	04000	SUBPROVIDER - I PF	3,497,320	3,497,320	3,516	0	1,694,601	40.00
41.00	04100	SUBPROVIDER - I RF	3,650,523	3,650,523	0	0	1,477,552	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,302,059	44,302,059	0	0	10,685,363	50.00
51.00	05100	RECOVERY ROOM	5,703,809	5,703,809	0	0	827,459	51.00
53.00	05300	ANESTHESIOLOGY	8,954,988	8,954,988	0	0	544,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,100,545	85,100,545	0	0	8,241,200	54.00
57.00	05700	CT SCAN	63,809,444	63,809,444	0	0	1,676,127	57.00
59.00	05900	CARDIAC CATHETERIZATION	21,097,377	21,097,377	0	0	2,983,464	59.00
60.00	06000	LABORATORY	131,046,757	131,046,757	0	0	10,929,730	60.00
60.01	06001	G. I. LAB	7,884,718	7,884,718	0	0	1,310,522	60.01
60.02	06002	VASCULAR LAB	7,532,212	7,532,212	0	0	396,854	60.02
60.03	06003	LABORATORY-PATHOLOGY	6,155,222	6,155,222	0	0	1,125,860	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,631,174	11,631,174	0	0	3,268,357	63.00
65.00	06500	RESPIRATORY THERAPY	27,806,920	27,806,920	0	0	4,831,465	65.00
66.00	06600	PHYSICAL THERAPY	10,526,256	10,526,256	0	0	2,389,259	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,265,410	4,265,410	0	0	1,108,695	67.00
68.00	06800	SPEECH PATHOLOGY	1,175,490	1,175,490	0	0	334,242	68.00
69.00	06900	ELECTROCARDIOLOGY	31,126,610	31,126,610	0	0	1,140,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,107,518	6,107,518	0	0	636,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,975,190	39,975,190	0	0	8,461,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,442,001	32,442,001	0	0	9,852,916	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,413,214	89,413,214	0	0	16,282,221	73.00
74.00	07400	RENAL DIALYSIS	5,947,293	5,947,293	0	0	1,763,350	74.00
76.00	03020	SHOCK THERAPY	217,810	217,810	0	0	143,630	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	5,558,330	5,558,330	0	0	1,824,193	76.01
76.02	03022	DIABETES CARE CENTER	154,260	154,260	0	0	813,809	76.02
76.03	03023	OP PSYCH	3,326,130	3,326,130	0	0	727,555	76.03
76.04	03024	CARDIAC REHAB	407,255	407,255	0	0	217,562	76.04
76.98	07698	HYPERBARIIC OXYGEN THERAPY	1,817,630	1,817,630	0	0	369,551	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	105,529,425	105,529,425	0	0	12,033,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	22,197,302	22,197,302	0	0	7,569,646	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		ADMINISTRATIVE (GROSS REVENUE)	CASHIERING (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	900,919,725	900,919,725	8,724	-52,433,684	186,880,057	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	19,329	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	33,047	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	11,760	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	762	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	184,926	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	23,354	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	158,966	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	5,844,655	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	1,129,907	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	526,276	190.12
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	288,164	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	300,871	192.01
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)	2,698,894	35,199	277,958		52,433,684	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002996	0.000039	31.861302		0.268336	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	72,831	35,199	4,224		8,028,329	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000081	0.000039	0.484182		0.041086	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		7.00	7.01	7.02	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.04	00104	NEW CAP REL COSTS-CHIP					1.04	
1.05	00105	NEW CAP REL COSTS-POB I					1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	ADMINISTRATIVE					5.01	
5.02	00511	CASHIERING					5.02	
5.03	00512	MENTAL HEALTH ADMINISTRATION					5.03	
5.04	00560	ADMINISTRATIVE AND GENERAL					5.04	
7.00	00700	OPERATION OF PLANT	389,488				7.00	
7.01	00701	OPERATION OF PLANT- POB I	0	58,722			7.01	
7.02	00702	OPERATION OF PLANT NW	0	0	39,703		7.02	
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	552	1,847,167	8.00	
9.00	00900	HOUSEKEEPING	5,707	0	0	370,695	9.00	
9.01	00901	HOUSEKEEPING-POB I	0	88	0	0	9.01	
9.02	00902	HOUSEKEEPING NW	0	0	755	0	9.02	
10.00	01000	DIETARY	10,511	0	0	10,511	10.00	
11.00	01100	CAFETERIA	9,270	0	1,362	0	11.00	
13.00	01300	NURSING ADMINISTRATION	1,149	322	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	19,431	14.00	
15.00	01500	PHARMACY	2,775	0	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	1,200	715	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	110,311	0	0	962,555	110,311	30.00
31.00	03100	INTENSIVE CARE UNIT	8,492	0	0	112,879	8,492	31.00
32.00	03200	CORONARY CARE UNIT	6,922	0	0	88,714	6,922	32.00
40.00	04000	SUBPROVIDER - I PF	7,474	0	0	21,026	7,474	40.00
41.00	04100	SUBPROVIDER - I RF	6,471	0	0	60,998	6,471	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,226	0	0	123,552	50,226	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	852	2,463	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,257	5,130	8,290	42,648	39,257	54.00
57.00	05700	CT SCAN	1,662	0	0	40,908	1,662	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	24,173	6,673	59.00
60.00	06000	LABORATORY	19,340	266	1,216	0	19,340	60.00
60.01	06001	G.I. LAB	5,195	0	0	19,527	5,195	60.01
60.02	06002	VASCULAR LAB	1,484	0	0	6,809	1,484	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,299	0	0	1,299	1,299	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,394	0	0	0	1,394	63.00
65.00	06500	RESPIRATORY THERAPY	2,363	0	3,204	30	2,363	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	4,347	3,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	1,803	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	3,082	0	0	2,172	3,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,700	0	3,332	2,220	1,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	1,354	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	303	830	0	3,180	303	76.01
76.02	03022	DIABETES CARE CENTER	0	1,438	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	2,247	0	0	0	2,247	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	22,718	0	17,925	254,747	22,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	843	0	0	56,399	843	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	353,235	9,274	37,351	1,847,167	343,010	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		7.00	7.01	7.02	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	1,260	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	4,775	0	0	0	4,775	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	10,531	0	0	0	10,531	190.04
190.05	19005	NON REIMBURSABLE PFD	2,980	0	0	0	2,980	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	12,055	0	0	0	3,487	190.06
190.07	19007	NON REIMBURSABLE POB I	0	3,707	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	155	0	0	0	155	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	2,208	0	0	0	2,208	190.12
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,289	45,741	0	0	2,289	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	9,592,576	4,082	847,651	1,698,921	4,006,269	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.628682	0.069514	21.349797	0.919744	10.807454	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,152,747	133	55,743	142,475	212,266	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.959647	0.002265	1.404000	0.077132	0.572616	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING-POB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	ADMINISTRATIVE						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	58,634					9.01
9.02	00902	HOUSEKEEPING NW	0	38,396				9.02
10.00	01000	DIETARY	0	0	268,008			10.00
11.00	01100	CAFETERIA	0	1,362	0	415,784		11.00
13.00	01300	NURSING ADMINISTRATION	322	0	0	8,506	1,599,024	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,778	0	14.00
15.00	01500	PHARMACY	0	0	0	9,440	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	715	0	17,405	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,122	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	492	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	181,000	94,574	757,339	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	20,523	17,848	151,548	31.00
32.00	03200	CORONARY CARE UNIT	0	0	15,102	13,005	110,532	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	10,324	5,212	44,473	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	11,499	4,573	38,708	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	18,389	141,982	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,918	16,476	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	8,290	0	18,561	0	54.00
57.00	05700	CT SCAN	0	0	0	3,098	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,786	0	59.00
60.00	06000	LABORATORY	266	1,216	0	27,854	0	60.00
60.01	06001	G.I. LAB	0	0	0	2,483	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	1,106	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,999	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,868	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,204	0	13,619	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,670	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,835	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	885	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,950	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	0	2,016	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	418	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	830	0	0	5,974	51,094	76.01
76.02	03022	DIABETES CARE CENTER	1,438	0	0	1,500	0	76.02
76.03	03023	OP PSYCH	0	0	0	2,606	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	467	0	76.04
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	615	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	17,925	0	22,691	286,872	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	28,862	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		HOUSEKEEPING-POB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		9.01	9.02	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,186	36,044	238,448	353,125	1,599,024	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	29,560	58,455	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	3,707	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	1,991	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	910	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	738	0	190.12
192.00	19200 PHYSICIANS' PRIVATE OFFICES	45,741	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	565	0	192.01
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)	277,806	510,521	5,751,257	516,198	4,253,227	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.737968	13.296203	21.459274	1.241505	2.659889	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,636	27,793	281,647	128,925	366,092	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.164342	0.723851	1.050890	0.310077	0.228947	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.04 00104 NEW CAP REL COSTS-CHIP						1.04
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 ADMIN TTING						5.01
5.02 00511 CASHIERING						5.02
5.03 00512 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00560 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
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	18,122,205					14.00
15.00 01500 PHARMACY	0	16,157,489				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	900,919,725			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	10,000		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	100	21.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	3,185	81,798,311	5,970	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	336	17,818,982	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	236	12,942,240	0	0	32.00
40.00 04000 SUBPROVIDER - I PF	0	52	3,497,320	4,030	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	137	3,650,523	0	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	29,217	44,302,059	0	100	50.00
51.00 05100 RECOVERY ROOM	0	86	5,703,809	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	63,474	8,954,988	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	40	85,100,545	0	0	54.00
57.00 05700 CT SCAN	0	0	63,809,444	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	425	21,097,377	0	0	59.00
60.00 06000 LABORATORY	0	0	131,046,757	0	0	60.00
60.01 06001 G. I. LAB	0	60	7,884,718	0	0	60.01
60.02 06002 VASCULAR LAB	0	9	7,532,212	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	6,155,222	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	11,631,174	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	934	27,806,920	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	10,526,256	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	4,265,410	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1,175,490	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	31,126,610	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	6,107,518	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,367,750	0	39,975,190	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	9,754,455	0	32,442,001	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	16,010,852	89,413,214	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	5,947,293	0	0	74.00
76.00 03020 SHOCK THERAPY	0	0	217,810	0	0	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	34	5,558,330	0	0	76.01
76.02 03022 DIABETES CARE CENTER	0	0	154,260	0	0	76.02
76.03 03023 OP PSYCH	0	0	3,326,130	0	0	76.03
76.04 03024 CARDIAC REHAB	0	0	407,255	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	1,817,630	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	1,673	105,529,425	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	46,739	22,197,302	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	18,122,205	16,157,489	900,919,725	10,000	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	0	0	0	0	0	190.09
190.10 19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11 19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,165,278	6,175,735	8,015,281	1,214,245	109,837	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.064301	0.382221	0.008897	121.424500	1,098.370000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,742,653	703,352	367,519	43,755	3,558	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.096161	0.043531	0.000408	4.375500	35.580000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		PARAMED PRGM (PATIENT DAYS) 23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.04	00104 NEW CAP REL COSTS-CHIP		1.04
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 ADMITTING		5.01
5.02	00511 CASHIERING		5.02
5.03	00512 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00560 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED PRGM	81,204	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	61,640	30.00
31.00	03100 INTENSIVE CARE UNIT	6,989	31.00
32.00	03200 CORONARY CARE UNIT	5,143	32.00
40.00	04000 SUBPROVIDER - IPF	3,516	40.00
41.00	04100 SUBPROVIDER - IRF	3,916	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700 CT SCAN	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 G.I. LAB	0	60.01
60.02	06002 VASCULAR LAB	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
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
76.00	03020 SHOCK THERAPY	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	76.01
76.02	03022 DIABETES CARE CENTER	0	76.02
76.03	03023 OP PSYCH	0	76.03
76.04	03024 CARDIAC REHAB	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	81,204	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		PARAMED ED PRGM (PATIENT DAYS) 23.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
190.01	19001	VISITOR MEALS	0
190.02	19002	NON REIMBURSABLE B BLDG	0
190.03	19003	NON REIMB NW BUILDING	0
190.04	19004	NON REIMBURSABLE CHIP	0
190.05	19005	NON REIMBURSABLE PFD	0
190.06	19006	NON REIMBURSABLE HOSPITAL	0
190.07	19007	NON REIMBURSABLE POB I	0
190.08	19008	MEALS ON WHEELS	0
190.09	19009	CATERING	0
190.10	19010	RETAIL PHARMACY	0
190.11	19011	PUBLIC RELATIONS	0
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	66,490
203.00		Unit cost multiplier (Wkst. B, Part I)	0.818802
204.00		Cost to be allocated (per Wkst. B, Part II)	2,318
205.00		Unit cost multiplier (Wkst. B, Part II)	0.028545

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/28/2013 5:45 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges	
			Total Costs	RCE Diallowance	Total Costs	Inpatient	
	1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	45,881,945	45,881,945	2,536	45,884,481	79,846,380	30.00
31.00	03100 INTENSIVE CARE UNIT	10,318,184	10,318,184	0	10,318,184	17,818,982	31.00
32.00	03200 CORONARY CARE UNIT	6,352,910	6,352,910	0	6,352,910	12,942,240	32.00
40.00	04000 SUBPROVIDER - I PF	3,303,178	3,303,178	0	3,303,178	3,497,320	40.00
41.00	04100 SUBPROVIDER - I RF	2,550,575	2,550,575	5,167	2,555,742	3,650,523	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	16,251,890	16,251,890	57,700	16,309,590	26,381,254	50.00
51.00	05100 RECOVERY ROOM	1,234,544	1,234,544	0	1,234,544	2,160,016	51.00
53.00	05300 ANESTHESIOLOGY	808,055	808,055	14,303	822,358	4,952,210	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,975,030	12,975,030	22,112	12,997,142	34,419,811	54.00
57.00	05700 CT SCAN	2,793,971	2,793,971	0	2,793,971	24,037,136	57.00
59.00	05900 CARDIAC CATHETERIZATION	4,235,298	4,235,298	0	4,235,298	12,055,530	59.00
60.00	06000 LABORATORY	15,791,617	15,791,617	0	15,791,617	57,258,591	60.00
60.01	06001 G.I. LAB	1,937,489	1,937,489	2,866	1,940,355	3,634,210	60.01
60.02	06002 VASCULAR LAB	630,584	630,584	0	630,584	4,990,713	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,532,487	1,532,487	0	1,532,487	1,599,077	60.03
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	4,300,575	4,300,575	0	4,300,575	10,117,990	63.00
65.00	06500 RESPIRATORY THERAPY	6,587,354	6,587,354	0	6,587,354	24,545,467	65.00
66.00	06600 PHYSICAL THERAPY	3,253,502	3,253,502	0	3,253,502	6,019,245	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,512,800	1,512,800	0	1,512,800	4,002,499	67.00
68.00	06800 SPEECH PATHOLOGY	479,039	479,039	0	479,039	1,122,742	68.00
69.00	06900 ELECTROCARDIOLOGY	1,838,499	1,838,499	0	1,838,499	19,328,663	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,041,590	1,041,590	0	1,041,590	1,157,250	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,625,928	11,625,928	0	11,625,928	22,257,586	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,412,667	13,412,667	0	13,412,667	18,838,878	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,566,526	27,566,526	0	27,566,526	50,358,790	73.00
74.00	07400 RENAL DIALYSIS	2,337,413	2,337,413	0	2,337,413	5,660,510	74.00
76.00	03020 SHOCK THERAPY	184,628	184,628	0	184,628	91,910	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	2,524,129	2,524,129	0	2,524,129	63,353	76.01
76.02	03022 DIABETES CARE CENTER	1,042,330	1,042,330	0	1,042,330	0	76.02
76.03	03023 OP PSYCH	955,612	955,612	3,450	959,062	9,566	76.03
76.04	03024 CARDIAC REHAB	359,770	359,770	0	359,770	166	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	485,650	485,650	0	485,650	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	18,653,850	18,653,850	0	18,653,850	20,318,398	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,563,791	1,563,791	0	1,563,791	309,935	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	9,933,787	9,933,787	0	9,933,787	87,791	95.00
200.00	Subtotal (see instructions)	236,257,197	236,257,197	108,134	236,365,331	473,534,732	200.00
201.00	Less Observation Beds	1,563,791	1,563,791	0	1,563,791	0	201.00
202.00	Total (see instructions)	234,693,406	234,693,406	108,134	234,801,540	473,534,732	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

			Title XVIII		Hospital		PPS	
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		79,846,380				30.00
31.00	03100	INTENSIVE CARE UNIT		17,818,982				31.00
32.00	03200	CORONARY CARE UNIT		12,942,240				32.00
40.00	04000	SUBPROVIDER - I/PF		3,497,320				40.00
41.00	04100	SUBPROVIDER - I/RF		3,650,523				41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,920,806	44,302,060	0.366843	0.000000	0.368145	50.00
51.00	05100	RECOVERY ROOM	3,543,793	5,703,809	0.216442	0.000000	0.216442	51.00
53.00	05300	ANESTHESIOLOGY	4,002,778	8,954,988	0.090235	0.000000	0.091832	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,680,734	85,100,545	0.152467	0.000000	0.152727	54.00
57.00	05700	CT SCAN	39,772,308	63,809,444	0.043786	0.000000	0.043786	57.00
59.00	05900	CARDIAC CATHETERIZATION	9,041,847	21,097,377	0.200750	0.000000	0.200750	59.00
60.00	06000	LABORATORY	73,788,166	131,046,757	0.120504	0.000000	0.120504	60.00
60.01	06001	G.I. LAB	4,250,508	7,884,718	0.245727	0.000000	0.246091	60.01
60.02	06002	VASCULAR LAB	2,541,499	7,532,212	0.083718	0.000000	0.083718	60.02
60.03	06003	LABORATORY-PATHOLOGY	4,556,145	6,155,222	0.248973	0.000000	0.248973	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,513,184	11,631,174	0.369746	0.000000	0.369746	63.00
65.00	06500	RESPIRATORY THERAPY	3,261,453	27,806,920	0.236896	0.000000	0.236896	65.00
66.00	06600	PHYSICAL THERAPY	4,507,011	10,526,256	0.309084	0.000000	0.309084	66.00
67.00	06700	OCCUPATIONAL THERAPY	262,911	4,265,410	0.354667	0.000000	0.354667	67.00
68.00	06800	SPEECH PATHOLOGY	52,748	1,175,490	0.407523	0.000000	0.407523	68.00
69.00	06900	ELECTROCARDIOLOGY	11,797,948	31,126,611	0.059065	0.000000	0.059065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,950,268	6,107,518	0.170542	0.000000	0.170542	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,717,604	39,975,190	0.290829	0.000000	0.290829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,603,125	32,442,003	0.413435	0.000000	0.413435	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,054,424	89,413,214	0.308305	0.000000	0.308305	73.00
74.00	07400	RENAL DIALYSIS	286,783	5,947,293	0.393021	0.000000	0.393021	74.00
76.00	03020	SHOCK THERAPY	125,900	217,810	0.847656	0.000000	0.847656	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	5,494,978	5,558,331	0.454116	0.000000	0.454116	76.01
76.02	03022	DIABETES CARE CENTER	154,260	154,260	6.756969	0.000000	6.756969	76.02
76.03	03023	OP PSYCH	3,316,563	3,326,129	0.287305	0.000000	0.288342	76.03
76.04	03024	CARDIAC REHAB	407,089	407,255	0.883402	0.000000	0.883402	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,817,630	1,817,630	0.267189	0.000000	0.267189	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	85,211,027	105,529,425	0.176764	0.000000	0.176764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,641,996	1,951,931	0.801151	0.000000	0.801151	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	22,109,512	22,197,303	0.447522	0.000000	0.447522	95.00
200.00		Subtotal (see instructions)	427,384,998	900,919,730				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	427,384,998	900,919,730				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/28/2013 5:45 pm				
			Title XIX	Hospital	PPS				
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
	1.00	2.00	3.00	4.00	5.00	6.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	45,881,945		45,881,945	2,536	45,884,481	79,846,380	30.00
31.00	03100	INTENSIVE CARE UNIT	10,318,184		10,318,184	0	10,318,184	17,818,982	31.00
32.00	03200	CORONARY CARE UNIT	6,352,910		6,352,910	0	6,352,910	12,942,240	32.00
40.00	04000	SUBPROVIDER - IPF	3,303,178		3,303,178	0	3,303,178	3,497,320	40.00
41.00	04100	SUBPROVIDER - IRF	2,550,575		2,550,575	5,167	2,555,742	3,650,523	41.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,251,890		16,251,890	57,700	16,309,590	26,381,254	50.00
51.00	05100	RECOVERY ROOM	1,234,544		1,234,544	0	1,234,544	2,160,016	51.00
53.00	05300	ANESTHESIOLOGY	808,055		808,055	14,303	822,358	4,952,210	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,975,030		12,975,030	22,112	12,997,142	34,419,811	54.00
57.00	05700	CT SCAN	2,793,971		2,793,971	0	2,793,971	24,037,136	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,235,298		4,235,298	0	4,235,298	12,055,530	59.00
60.00	06000	LABORATORY	15,791,617		15,791,617	0	15,791,617	57,258,591	60.00
60.01	06001	G.I. LAB	1,937,489		1,937,489	2,866	1,940,355	3,634,210	60.01
60.02	06002	VASCULAR LAB	630,584		630,584	0	630,584	4,990,713	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,532,487		1,532,487	0	1,532,487	1,599,077	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,300,575		4,300,575	0	4,300,575	10,117,990	63.00
65.00	06500	RESPIRATORY THERAPY	6,587,354	0	6,587,354	0	6,587,354	24,545,467	65.00
66.00	06600	PHYSICAL THERAPY	3,253,502	0	3,253,502	0	3,253,502	6,019,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,512,800	0	1,512,800	0	1,512,800	4,002,499	67.00
68.00	06800	SPEECH PATHOLOGY	479,039	0	479,039	0	479,039	1,122,742	68.00
69.00	06900	ELECTROCARDIOLOGY	1,838,499		1,838,499	0	1,838,499	19,328,663	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,041,590		1,041,590	0	1,041,590	1,157,250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,625,928		11,625,928	0	11,625,928	22,257,586	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,412,667		13,412,667	0	13,412,667	18,838,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,566,526		27,566,526	0	27,566,526	50,358,790	73.00
74.00	07400	RENAL DIALYSIS	2,337,413		2,337,413	0	2,337,413	5,660,510	74.00
76.00	03020	SHOCK THERAPY	184,628		184,628	0	184,628	91,910	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	2,524,129		2,524,129	0	2,524,129	63,353	76.01
76.02	03022	DIABETES CARE CENTER	1,042,330		1,042,330	0	1,042,330	0	76.02
76.03	03023	OP PSYCH	955,612		955,612	3,450	959,062	9,566	76.03
76.04	03024	CARDIAC REHAB	359,770		359,770	0	359,770	166	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	485,650		485,650	0	485,650	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	18,653,850		18,653,850	0	18,653,850	20,318,398	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,563,791		1,563,791		1,563,791	309,935	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	9,933,787		9,933,787	0	9,933,787	87,791	95.00
200.00		Subtotal (see instructions)	236,257,197	0	236,257,197	108,134	236,365,331	473,534,732	200.00
201.00		Less Observation Beds	1,563,791		1,563,791		1,563,791		201.00
202.00		Total (see instructions)	234,693,406	0	234,693,406	108,134	234,801,540	473,534,732	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 5:45 pm

		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)						
		7.00	8.00	9.00	10.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,846,380					30.00
31.00	03100	INTENSIVE CARE UNIT	17,818,982					31.00
32.00	03200	CORONARY CARE UNIT	12,942,240					32.00
40.00	04000	SUBPROVIDER - I/PF	3,497,320					40.00
41.00	04100	SUBPROVIDER - I/RF	3,650,523					41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,920,806	0.366843	0.000000	0.368145		50.00
51.00	05100	RECOVERY ROOM	3,543,793	0.216442	0.000000	0.216442		51.00
53.00	05300	ANESTHESIOLOGY	4,002,778	0.090235	0.000000	0.091832		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,680,734	0.152467	0.000000	0.152727		54.00
57.00	05700	CT SCAN	39,772,308	0.043786	0.000000	0.043786		57.00
59.00	05900	CARDIAC CATHETERIZATION	9,041,847	0.200750	0.000000	0.200750		59.00
60.00	06000	LABORATORY	73,788,166	0.120504	0.000000	0.120504		60.00
60.01	06001	G.I. LAB	4,250,508	0.245727	0.000000	0.246091		60.01
60.02	06002	VASCULAR LAB	2,541,499	0.083718	0.000000	0.083718		60.02
60.03	06003	LABORATORY-PATHOLOGY	4,556,145	0.248973	0.000000	0.248973		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,513,184	0.369746	0.000000	0.369746		63.00
65.00	06500	RESPIRATORY THERAPY	3,261,453	0.236896	0.000000	0.236896		65.00
66.00	06600	PHYSICAL THERAPY	4,507,011	0.309084	0.000000	0.309084		66.00
67.00	06700	OCCUPATIONAL THERAPY	262,911	0.354667	0.000000	0.354667		67.00
68.00	06800	SPEECH PATHOLOGY	52,748	0.407523	0.000000	0.407523		68.00
69.00	06900	ELECTROCARDIOLOGY	11,797,948	0.059065	0.000000	0.059065		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,950,268	0.170542	0.000000	0.170542		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,717,604	0.290829	0.000000	0.290829		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,603,125	0.413435	0.000000	0.413435		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,054,424	0.308305	0.000000	0.308305		73.00
74.00	07400	RENAL DIALYSIS	286,783	0.393021	0.000000	0.393021		74.00
76.00	03020	SHOCK THERAPY	125,900	0.847656	0.000000	0.847656		76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	5,494,978	0.454116	0.000000	0.454116		76.01
76.02	03022	DIABETES CARE CENTER	154,260	6.756969	0.000000	6.756969		76.02
76.03	03023	OP PSYCH	3,316,563	0.287305	0.000000	0.288342		76.03
76.04	03024	CARDIAC REHAB	407,089	0.883402	0.000000	0.883402		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,817,630	0.267189	0.000000	0.267189		76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	85,211,027	0.176764	0.000000	0.176764		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,641,996	0.801151	0.000000	0.801151		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	22,109,512	0.447522	0.000000	0.447522		95.00
200.00		Subtotal (see instructions)	427,384,998					200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	427,384,998					202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 260180

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

Worksheet C Part II Date/Time Prepared: 5/28/2013 5:45 pm

Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,251,890	2,166,715	14,085,175	0	0	50.00
51.00	05100	RECOVERY ROOM	1,234,544	154,266	1,080,278	0	0	51.00
53.00	05300	ANESTHESIOLOGY	808,055	168,841	639,214	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,975,030	1,239,651	11,735,379	0	0	54.00
57.00	05700	CT SCAN	2,793,971	340,521	2,453,450	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,235,298	926,102	3,309,196	0	0	59.00
60.00	06000	LABORATORY	15,791,617	867,766	14,923,851	0	0	60.00
60.01	06001	G.I. LAB	1,937,489	189,584	1,747,905	0	0	60.01
60.02	06002	VASCULAR LAB	630,584	38,962	591,622	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,532,487	104,470	1,428,017	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,300,575	146,593	4,153,982	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,587,354	441,833	6,145,521	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,253,502	258,567	2,994,935	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,512,800	92,126	1,420,674	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	479,039	49,335	429,704	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,838,499	176,547	1,661,952	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,041,590	114,200	927,390	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,625,928	1,173,413	10,452,515	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,412,667	1,359,948	12,052,719	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,566,526	1,413,148	26,153,378	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,337,413	133,228	2,204,185	0	0	74.00
76.00	03020	SHOCK THERAPY	184,628	6,213	178,415	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	2,524,129	147,874	2,376,255	0	0	76.01
76.02	03022	DIABETES CARE CENTER	1,042,330	49,366	992,964	0	0	76.02
76.03	03023	OP PSYCH	955,612	52,116	903,496	0	0	76.03
76.04	03024	CARDIAC REHAB	359,770	55,452	304,318	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	485,650	16,409	469,241	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	18,653,850	1,429,547	17,224,303	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,563,791	130,602	1,433,189	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,933,787	857,479	9,076,308	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	167,850,405	14,300,874	153,549,531	0	0	200.00
201.00		Less Observation Beds	1,563,791	130,602	1,433,189	0	0	201.00
202.00		Total (line 200 minus line 201)	166,286,614	14,170,272	152,116,342	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part II Date/Time Prepared: 5/28/2013 5:45 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part 1, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	16,251,890	44,302,060	0.366843	50.00
51.00 05100 RECOVERY ROOM	1,234,544	5,703,809	0.216442	51.00
53.00 05300 ANESTHESIOLOGY	808,055	8,954,988	0.090235	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,975,030	85,100,545	0.152467	54.00
57.00 05700 CT SCAN	2,793,971	63,809,444	0.043786	57.00
59.00 05900 CARDIAC CATHETERIZATION	4,235,298	21,097,377	0.200750	59.00
60.00 06000 LABORATORY	15,791,617	131,046,757	0.120504	60.00
60.01 06001 G.I. LAB	1,937,489	7,884,718	0.245727	60.01
60.02 06002 VASCULAR LAB	630,584	7,532,212	0.083718	60.02
60.03 06003 LABORATORY-PATHOLOGY	1,532,487	6,155,222	0.248973	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,300,575	11,631,174	0.369746	63.00
65.00 06500 RESPIRATORY THERAPY	6,587,354	27,806,920	0.236896	65.00
66.00 06600 PHYSICAL THERAPY	3,253,502	10,526,256	0.309084	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,512,800	4,265,410	0.354667	67.00
68.00 06800 SPEECH PATHOLOGY	479,039	1,175,490	0.407523	68.00
69.00 06900 ELECTROCARDIOLOGY	1,838,499	31,126,611	0.059065	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,041,590	6,107,518	0.170542	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,625,928	39,975,190	0.290829	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	13,412,667	32,442,003	0.413435	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	27,566,526	89,413,214	0.308305	73.00
74.00 07400 RENAL DIALYSIS	2,337,413	5,947,293	0.393021	74.00
76.00 03020 SHOCK THERAPY	184,628	217,810	0.847656	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	2,524,129	5,558,331	0.454116	76.01
76.02 03022 DIABETES CARE CENTER	1,042,330	154,260	6.756969	76.02
76.03 03023 OP PSYCH	955,612	3,326,129	0.287305	76.03
76.04 03024 CARDIAC REHAB	359,770	407,255	0.883402	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	485,650	1,817,630	0.267189	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	18,653,850	105,529,425	0.176764	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,563,791	1,951,931	0.801151	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	9,933,787	22,197,303	0.447522	95.00
200.00	Subtotal (sum of lines 50 thru 199)	167,850,405	783,164,285	200.00
201.00	Less Observation Beds	1,563,791	0	201.00
202.00	Total (line 200 minus line 201)	166,286,614	783,164,285	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/28/2013 5:45 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,832,093	0	3,832,093	62,938	60.89	30.00
31.00	INTENSIVE CARE UNIT	706,288		706,288	6,989	101.06	31.00
32.00	CORONARY CARE UNIT	469,511		469,511	5,143	91.29	32.00
40.00	SUBPROVIDER - IPF	268,215	0	268,215	3,516	76.28	40.00
41.00	SUBPROVIDER - IRF	215,477	0	215,477	3,916	55.02	41.00
200.00	Total (lines 30-199)	5,491,584		5,491,584	82,502		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	27,512	1,675,206				
31.00	INTENSIVE CARE UNIT	2,822	285,191				
32.00	CORONARY CARE UNIT	3,743	341,698				
40.00	SUBPROVIDER - IPF	1,915	146,076				
41.00	SUBPROVIDER - IRF	2,406	132,378				
200.00	Total (lines 30-199)	38,398	2,580,549				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		Capital Costs (column 3 x column 4)	
					Hospital	Inpatient Program Charges		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,166,715	44,302,060	0.048908	14,233,097	696,112	50.00
51.00	05100	RECOVERY ROOM	154,266	5,703,809	0.027046	770,607	20,842	51.00
53.00	05300	ANESTHESIOLOGY	168,841	8,954,988	0.018854	1,872,166	35,298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,239,651	85,100,545	0.014567	11,379,829	165,770	54.00
57.00	05700	CT SCAN	340,521	63,809,444	0.005337	10,026,259	53,510	57.00
59.00	05900	CARDIAC CATHETERIZATION	926,102	21,097,377	0.043897	3,447,710	151,344	59.00
60.00	06000	LABORATORY	867,766	131,046,757	0.006622	28,152,918	186,429	60.00
60.01	06001	G.I. LAB	189,584	7,884,718	0.024044	1,176,695	28,292	60.01
60.02	06002	VASCULAR LAB	38,962	7,532,212	0.005173	2,459,952	12,725	60.02
60.03	06003	LABORATORY-PATHOLOGY	104,470	6,155,222	0.016973	860,946	14,613	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	146,593	11,631,174	0.012603	4,109,428	51,791	63.00
65.00	06500	RESPIRATORY THERAPY	441,833	27,806,920	0.015889	12,950,102	205,764	65.00
66.00	06600	PHYSICAL THERAPY	258,567	10,526,256	0.024564	2,146,918	52,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,126	4,265,410	0.021598	1,294,402	27,956	67.00
68.00	06800	SPEECH PATHOLOGY	49,335	1,175,490	0.041970	359,316	15,080	68.00
69.00	06900	ELECTROCARDIOLOGY	176,547	31,126,611	0.005672	9,769,784	55,414	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114,200	6,107,518	0.018698	524,183	9,801	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,173,413	39,975,190	0.029354	12,885,938	378,254	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,359,948	32,442,003	0.041919	8,251,008	345,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,413,148	89,413,214	0.015805	27,797,683	439,342	73.00
74.00	07400	RENAL DIALYSIS	133,228	5,947,293	0.022401	3,175,444	71,133	74.00
76.00	03020	SHOCK THERAPY	6,213	217,810	0.028525	13,534	386	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	147,874	5,558,331	0.026604	18,133	482	76.01
76.02	03022	DIABETES CARE CENTER	49,366	154,260	0.320018	0	0	76.02
76.03	03023	OP PSYCH	52,116	3,326,129	0.015669	3,572	56	76.03
76.04	03024	CARDIAC REHAB	55,452	407,255	0.136160	166	23	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	16,409	1,817,630	0.009028	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,429,547	105,529,425	0.013546	5,886,749	79,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	130,602	1,951,931	0.066909	127,293	8,517	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,443,395	760,966,982		163,693,832	3,107,287	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description	Title XVIII			Hospital		Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	50,471	0	0	50,471	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,723	0	0	5,723	31.00
32.00	03200	CORONARY CARE UNIT	0	4,211	0	0	4,211	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,879	0	0	2,879	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,206	0	0	3,206	41.00
200.00		Total (lines 30-199)	0	66,490	0	0	66,490	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,938	0.80	27,512	22,010	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,989	0.82	2,822	2,314	0	31.00
32.00	03200	CORONARY CARE UNIT	5,143	0.82	3,743	3,069	0	32.00
40.00	04000	SUBPROVIDER - IPF	3,516	0.82	1,915	1,570	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,916	0.82	2,406	1,973	0	41.00
200.00		Total (lines 30-199)	82,502		38,398	30,936	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
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	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	1,720	0	1,720	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	1,720	0	1,720	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	44,302,060	0.000000	0.000000	14,233,097	50.00
51.00	05100 RECOVERY ROOM	0	5,703,809	0.000000	0.000000	770,607	51.00
53.00	05300 ANESTHESIOLOGY	0	8,954,988	0.000000	0.000000	1,872,166	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	85,100,545	0.000000	0.000000	11,379,829	54.00
57.00	05700 CT SCAN	0	63,809,444	0.000000	0.000000	10,026,259	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,097,377	0.000000	0.000000	3,447,710	59.00
60.00	06000 LABORATORY	0	131,046,757	0.000000	0.000000	28,152,918	60.00
60.01	06001 G.I. LAB	0	7,884,718	0.000000	0.000000	1,176,695	60.01
60.02	06002 VASCULAR LAB	0	7,532,212	0.000000	0.000000	2,459,952	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	6,155,222	0.000000	0.000000	860,946	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,631,174	0.000000	0.000000	4,109,428	63.00
65.00	06500 RESPIRATORY THERAPY	0	27,806,920	0.000000	0.000000	12,950,102	65.00
66.00	06600 PHYSICAL THERAPY	0	10,526,256	0.000000	0.000000	2,146,918	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,265,410	0.000000	0.000000	1,294,402	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,175,490	0.000000	0.000000	359,316	68.00
69.00	06900 ELECTROCARDIOLOGY	0	31,126,611	0.000000	0.000000	9,769,784	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,107,518	0.000000	0.000000	524,183	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,975,190	0.000000	0.000000	12,885,938	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	32,442,003	0.000000	0.000000	8,251,008	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	89,413,214	0.000000	0.000000	27,797,683	73.00
74.00	07400 RENAL DIALYSIS	0	5,947,293	0.000000	0.000000	3,175,444	74.00
76.00	03020 SHOCK THERAPY	0	217,810	0.000000	0.000000	13,534	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	5,558,331	0.000000	0.000000	18,133	76.01
76.02	03022 DIABETES CARE CENTER	0	154,260	0.000000	0.000000	0	76.02
76.03	03023 OP PSYCH	0	3,326,129	0.000000	0.000000	3,572	76.03
76.04	03024 CARDIAC REHAB	0	407,255	0.000000	0.000000	166	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,817,630	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	105,529,425	0.000000	0.000000	5,886,749	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,720	1,951,931	0.000881	0.000881	127,293	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	1,720	760,966,982			163,693,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title XVIII		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	8,401,514	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,010,985	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	1,194,981	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,603,339	0	0	0	54.00
57.00	05700 CT SCAN	0	9,064,348	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,647,850	0	0	0	59.00
60.00	06000 LABORATORY	0	187,405	0	0	0	60.00
60.01	06001 G.I. LAB	0	973,893	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	966,057	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	938,049	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	382,924	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,011,753	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,224	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	4,693,700	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,152,273	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,628,945	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	6,275,993	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	17,994,979	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0	54,090	0	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	1,033,643	0	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023 OP PSYCH	0	2,090,855	0	0	0	76.03
76.04	03024 CARDIAC REHAB	0	185,899	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	940,112	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	7,544,100	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	112	452,907	399	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	112	85,431,818	399	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	SHOCK THERAPY	0	0		76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0		76.01
76.02	03022	DIABETES CARE CENTER	0	0		76.02
76.03	03023	OP PSYCH	0	0		76.03
76.04	03024	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 5:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.366843	8,401,514	0	0	3,082,037	50.00
51.00	05100 RECOVERY ROOM	0.216442	1,010,985	0	0	218,820	51.00
53.00	05300 ANESTHESIOLOGY	0.090235	1,194,981	0	0	107,829	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152467	11,603,339	0	0	1,769,126	54.00
57.00	05700 CT SCAN	0.043786	9,064,348	0	0	396,892	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.200750	2,647,850	0	0	531,556	59.00
60.00	06000 LABORATORY	0.120504	187,405	0	0	22,583	60.00
60.01	06001 G.I. LAB	0.245727	973,893	0	0	239,312	60.01
60.02	06002 VASCULAR LAB	0.083718	966,057	0	0	80,876	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.248973	938,049	0	0	233,549	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.369746	382,924	0	0	141,585	63.00
65.00	06500 RESPIRATORY THERAPY	0.236896	1,011,753	0	0	239,680	65.00
66.00	06600 PHYSICAL THERAPY	0.309084	1,224	0	0	378	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.354667	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.407523	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059065	4,693,700	0	0	277,233	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170542	1,152,273	0	0	196,511	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290829	4,628,945	0	0	1,346,231	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.413435	6,275,993	0	0	2,594,715	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.308305	17,994,979	0	13,589	5,547,942	73.00
74.00	07400 RENAL DIALYSIS	0.393021	0	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0.847656	54,090	0	0	45,850	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0.454116	1,033,643	0	0	469,394	76.01
76.02	03022 DIABETES CARE CENTER	6.756969	0	0	0	0	76.02
76.03	03023 OP PSYCH	0.287305	2,090,855	0	0	600,713	76.03
76.04	03024 CARDIAC REHAB	0.883402	185,899	0	0	164,224	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.267189	940,112	0	0	251,188	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.176764	7,544,100	0	0	1,333,525	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.801151	452,907	0	0	362,847	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.447522		0			95.00
200.00	Subtotal (see instructions)		85,431,818	0	13,589	20,254,596	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		85,431,818	0	13,589	20,254,596	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 5:45 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	0		60.01
60.02 06002 VASCULAR LAB	0	0		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,190		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 SHOCK THERAPY	0	0		76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	0		76.01
76.02 03022 DIABETES CARE CENTER	0	0		76.02
76.03 03023 OP PSYCH	0	0		76.03
76.04 03024 CARDIAC REHAB	0	0		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	4,190		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	4,190		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 5:45 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,166,715	44,302,060	0.048908	791	39	50.00
51.00	05100	RECOVERY ROOM	154,266	5,703,809	0.027046	0	0	51.00
53.00	05300	ANESTHESIOLOGY	168,841	8,954,988	0.018854	1,386	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,239,651	85,100,545	0.014567	44,697	651	54.00
57.00	05700	CT SCAN	340,521	63,809,444	0.005337	95,874	512	57.00
59.00	05900	CARDIAC CATHETERIZATION	926,102	21,097,377	0.043897	0	0	59.00
60.00	06000	LABORATORY	867,766	131,046,757	0.006622	285,814	1,893	60.00
60.01	06001	G.I. LAB	189,584	7,884,718	0.024044	3,193	77	60.01
60.02	06002	VASCULAR LAB	38,962	7,532,212	0.005173	8,732	45	60.02
60.03	06003	LABORATORY-PATHOLOGY	104,470	6,155,222	0.016973	2,299	39	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	146,593	11,631,174	0.012603	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	441,833	27,806,920	0.015889	33,463	532	65.00
66.00	06600	PHYSICAL THERAPY	258,567	10,526,256	0.024564	50,965	1,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,126	4,265,410	0.021598	24,776	535	67.00
68.00	06800	SPEECH PATHOLOGY	49,335	1,175,490	0.041970	3,197	134	68.00
69.00	06900	ELECTROCARDIOLOGY	176,547	31,126,611	0.005672	30,637	174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114,200	6,107,518	0.018698	11,783	220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,173,413	39,975,190	0.029354	10,391	305	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,359,948	32,442,003	0.041919	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,413,148	89,413,214	0.015805	289,251	4,572	73.00
74.00	07400	RENAL DIALYSIS	133,228	5,947,293	0.022401	11,025	247	74.00
76.00	03020	SHOCK THERAPY	6,213	217,810	0.028525	39,286	1,121	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	147,874	5,558,331	0.026604	0	0	76.01
76.02	03022	DIABETES CARE CENTER	49,366	154,260	0.320018	0	0	76.02
76.03	03023	OP PSYCH	52,116	3,326,129	0.015669	3,864	61	76.03
76.04	03024	CARDIAC REHAB	55,452	407,255	0.136160	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,409	1,817,630	0.009028	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,429,547	105,529,425	0.013546	171,546	2,324	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,951,931	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	13,312,793	760,966,982		1,122,970	14,759	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 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
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
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 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023 OP PSYCH	0	0	0	0	0	76.03
76.04	03024 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	44,302,060	0.000000	0.000000	791 50.00
51.00 05100 RECOVERY ROOM	0	5,703,809	0.000000	0.000000	0 51.00
53.00 05300 ANESTHESIOLOGY	0	8,954,988	0.000000	0.000000	1,386 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	85,100,545	0.000000	0.000000	44,697 54.00
57.00 05700 CT SCAN	0	63,809,444	0.000000	0.000000	95,874 57.00
59.00 05900 CARDIAC CATHETERIZATION	0	21,097,377	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	131,046,757	0.000000	0.000000	285,814 60.00
60.01 06001 G.I. LAB	0	7,884,718	0.000000	0.000000	3,193 60.01
60.02 06002 VASCULAR LAB	0	7,532,212	0.000000	0.000000	8,732 60.02
60.03 06003 LABORATORY-PATHOLOGY	0	6,155,222	0.000000	0.000000	2,299 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	11,631,174	0.000000	0.000000	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	27,806,920	0.000000	0.000000	33,463 65.00
66.00 06600 PHYSICAL THERAPY	0	10,526,256	0.000000	0.000000	50,965 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,265,410	0.000000	0.000000	24,776 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,175,490	0.000000	0.000000	3,197 68.00
69.00 06900 ELECTROCARDIOLOGY	0	31,126,611	0.000000	0.000000	30,637 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,107,518	0.000000	0.000000	11,783 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,975,190	0.000000	0.000000	10,391 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	32,442,003	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	89,413,214	0.000000	0.000000	289,251 73.00
74.00 07400 RENAL DIALYSIS	0	5,947,293	0.000000	0.000000	11,025 74.00
76.00 03020 SHOCK THERAPY	0	217,810	0.000000	0.000000	39,286 76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	5,558,331	0.000000	0.000000	0 76.01
76.02 03022 DIABETES CARE CENTER	0	154,260	0.000000	0.000000	0 76.02
76.03 03023 OP PSYCH	0	3,326,129	0.000000	0.000000	3,864 76.03
76.04 03024 CARDIAC REHAB	0	407,255	0.000000	0.000000	0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,817,630	0.000000	0.000000	0 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	105,529,425	0.000000	0.000000	171,546 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,951,931	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (Lines 50-199)	0	760,966,982			1,122,970 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G. I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	76.02
76.03	03023 OP PSYCH	0	0	76.03
76.04	03024 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 5:45 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,166,715	44,302,060	0.048908	53,602	2,622	50.00
51.00	05100	RECOVERY ROOM	154,266	5,703,809	0.027046	4,856	131	51.00
53.00	05300	ANESTHESIOLOGY	168,841	8,954,988	0.018854	9,933	187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,239,651	85,100,545	0.014567	110,866	1,615	54.00
57.00	05700	CT SCAN	340,521	63,809,444	0.005337	69,532	371	57.00
59.00	05900	CARDIAC CATHETERIZATION	926,102	21,097,377	0.043897	0	0	59.00
60.00	06000	LABORATORY	867,766	131,046,757	0.006622	558,559	3,699	60.00
60.01	06001	G.I. LAB	189,584	7,884,718	0.024044	3,858	93	60.01
60.02	06002	VASCULAR LAB	38,962	7,532,212	0.005173	57,278	296	60.02
60.03	06003	LABORATORY-PATHOLOGY	104,470	6,155,222	0.016973	5,267	89	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	146,593	11,631,174	0.012603	22,663	286	63.00
65.00	06500	RESPIRATORY THERAPY	441,833	27,806,920	0.015889	214,879	3,414	65.00
66.00	06600	PHYSICAL THERAPY	258,567	10,526,256	0.024564	1,280,933	31,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,126	4,265,410	0.021598	1,007,952	21,770	67.00
68.00	06800	SPEECH PATHOLOGY	49,335	1,175,490	0.041970	255,844	10,738	68.00
69.00	06900	ELECTROCARDIOLOGY	176,547	31,126,611	0.005672	35,549	202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114,200	6,107,518	0.018698	7,975	149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,173,413	39,975,190	0.029354	102,283	3,002	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,359,948	32,442,003	0.041919	5,414	227	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,413,148	89,413,214	0.015805	736,367	11,638	73.00
74.00	07400	RENAL DIALYSIS	133,228	5,947,293	0.022401	218,760	4,900	74.00
76.00	03020	SHOCK THERAPY	6,213	217,810	0.028525	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	147,874	5,558,331	0.026604	536	14	76.01
76.02	03022	DIABETES CARE CENTER	49,366	154,260	0.320018	0	0	76.02
76.03	03023	OP PSYCH	52,116	3,326,129	0.015669	0	0	76.03
76.04	03024	CARDIAC REHAB	55,452	407,255	0.136160	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,409	1,817,630	0.009028	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,429,547	105,529,425	0.013546	1,228	17	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,951,931	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	13,312,793	760,966,982		4,764,134	96,925	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
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 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023 OP PSYCH	0	0	0	0	0	76.03
76.04	03024 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	44,302,060	0.000000	0.000000	53,602 50.00
51.00 05100 RECOVERY ROOM	0	5,703,809	0.000000	0.000000	4,856 51.00
53.00 05300 ANESTHESIOLOGY	0	8,954,988	0.000000	0.000000	9,933 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	85,100,545	0.000000	0.000000	110,866 54.00
57.00 05700 CT SCAN	0	63,809,444	0.000000	0.000000	69,532 57.00
59.00 05900 CARDIAC CATHETERIZATION	0	21,097,377	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	131,046,757	0.000000	0.000000	558,559 60.00
60.01 06001 G.I. LAB	0	7,884,718	0.000000	0.000000	3,858 60.01
60.02 06002 VASCULAR LAB	0	7,532,212	0.000000	0.000000	57,278 60.02
60.03 06003 LABORATORY-PATHOLOGY	0	6,155,222	0.000000	0.000000	5,267 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	11,631,174	0.000000	0.000000	22,663 63.00
65.00 06500 RESPIRATORY THERAPY	0	27,806,920	0.000000	0.000000	214,879 65.00
66.00 06600 PHYSICAL THERAPY	0	10,526,256	0.000000	0.000000	1,280,933 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,265,410	0.000000	0.000000	1,007,952 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,175,490	0.000000	0.000000	255,844 68.00
69.00 06900 ELECTROCARDIOLOGY	0	31,126,611	0.000000	0.000000	35,549 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,107,518	0.000000	0.000000	7,975 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,975,190	0.000000	0.000000	102,283 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	32,442,003	0.000000	0.000000	5,414 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	89,413,214	0.000000	0.000000	736,367 73.00
74.00 07400 RENAL DIALYSIS	0	5,947,293	0.000000	0.000000	218,760 74.00
76.00 03020 SHOCK THERAPY	0	217,810	0.000000	0.000000	0 76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	5,558,331	0.000000	0.000000	536 76.01
76.02 03022 DIABETES CARE CENTER	0	154,260	0.000000	0.000000	0 76.02
76.03 03023 OP PSYCH	0	3,326,129	0.000000	0.000000	0 76.03
76.04 03024 CARDIAC REHAB	0	407,255	0.000000	0.000000	0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,817,630	0.000000	0.000000	0 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	105,529,425	0.000000	0.000000	1,228 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,951,931	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (Lines 50-199)	0	760,966,982			4,764,134 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
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	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G. I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	76.02
76.03	03023 OP PSYCH	0	0	76.03
76.04	03024 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/28/2013 5:45 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,832,093	0	3,832,093	62,938	60.89	30.00	
31.00	INTENSIVE CARE UNIT	706,288		706,288	6,989	101.06	31.00	
32.00	CORONARY CARE UNIT	469,511		469,511	5,143	91.29	32.00	
40.00	SUBPROVIDER - IPF	268,215	0	268,215	3,516	76.28	40.00	
41.00	SUBPROVIDER - IRF	215,477	0	215,477	3,916	55.02	41.00	
200.00	Total (lines 30-199)	5,491,584		5,491,584	82,502		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,719	652,680					30.00
31.00	INTENSIVE CARE UNIT	806	81,454					31.00
32.00	CORONARY CARE UNIT	619	56,509					32.00
40.00	SUBPROVIDER - IPF	499	38,064					40.00
41.00	SUBPROVIDER - IRF	308	16,946					41.00
200.00	Total (lines 30-199)	12,951	845,653					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,166,715	44,302,060	0.048908	1,563,121	76,449	50.00
51.00	05100	RECOVERY ROOM	154,266	5,703,809	0.027046	233,816	6,324	51.00
53.00	05300	ANESTHESIOLOGY	168,841	8,954,988	0.018854	465,919	8,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,239,651	85,100,545	0.014567	4,591,031	66,878	54.00
57.00	05700	CT SCAN	340,521	63,809,444	0.005337	3,114,683	16,623	57.00
59.00	05900	CARDIAC CATHETERIZATION	926,102	21,097,377	0.043897	811,548	35,625	59.00
60.00	06000	LABORATORY	867,766	131,046,757	0.006622	7,756,923	51,366	60.00
60.01	06001	G.I. LAB	189,584	7,884,718	0.024044	455,722	10,957	60.01
60.02	06002	VASCULAR LAB	38,962	7,532,212	0.005173	675,552	3,495	60.02
60.03	06003	LABORATORY-PATHOLOGY	104,470	6,155,222	0.016973	183,456	3,114	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	146,593	11,631,174	0.012603	1,039,105	13,096	63.00
65.00	06500	RESPIRATORY THERAPY	441,833	27,806,920	0.015889	3,074,646	48,853	65.00
66.00	06600	PHYSICAL THERAPY	258,567	10,526,256	0.024564	522,795	12,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,126	4,265,410	0.021598	373,478	8,066	67.00
68.00	06800	SPEECH PATHOLOGY	49,335	1,175,490	0.041970	119,238	5,004	68.00
69.00	06900	ELECTROCARDIOLOGY	176,547	31,126,611	0.005672	2,261,243	12,826	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114,200	6,107,518	0.018698	183,447	3,430	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,173,413	39,975,190	0.029354	808,543	23,734	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,359,948	32,442,003	0.041919	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,413,148	89,413,214	0.015805	6,270,318	99,102	73.00
74.00	07400	RENAL DIALYSIS	133,228	5,947,293	0.022401	477,009	10,685	74.00
76.00	03020	SHOCK THERAPY	6,213	217,810	0.028525	6,096	174	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	147,874	5,558,331	0.026604	4,999	133	76.01
76.02	03022	DIABETES CARE CENTER	49,366	154,260	0.320018	0	0	76.02
76.03	03023	OP PSYCH	52,116	3,326,129	0.015669	0	0	76.03
76.04	03024	CARDIAC REHAB	55,452	407,255	0.136160	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	16,409	1,817,630	0.009028	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,429,547	105,529,425	0.013546	3,450,823	46,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	130,602	1,951,931	0.066909	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,443,395	760,966,982		38,443,511	564,305	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description	Title XIX			Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	50,471	0	50,471	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,723	0	5,723	31.00
32.00	03200	CORONARY CARE UNIT	0	4,211	0	4,211	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,879	0	2,879	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,206	0	3,206	41.00
200.00		Total (lines 30-199)	0	66,490	0	66,490	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,938	0.80	10,719	8,575	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,989	0.82	806	661	0	31.00
32.00	03200	CORONARY CARE UNIT	5,143	0.82	619	508	0	32.00
40.00	04000	SUBPROVIDER - IPF	3,516	0.82	499	409	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,916	0.82	308	253	0	41.00
200.00		Total (lines 30-199)	82,502		12,951	10,406	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
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	G. I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
				PPS			
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	44,302,060	0.000000	0.000000		1,563,121	50.00
51.00 05100 RECOVERY ROOM	0	5,703,809	0.000000	0.000000		233,816	51.00
53.00 05300 ANESTHESIOLOGY	0	8,954,988	0.000000	0.000000		465,919	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	85,100,545	0.000000	0.000000		4,591,031	54.00
57.00 05700 CT SCAN	0	63,809,444	0.000000	0.000000		3,114,683	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	21,097,377	0.000000	0.000000		811,548	59.00
60.00 06000 LABORATORY	0	131,046,757	0.000000	0.000000		7,756,923	60.00
60.01 06001 G.I. LAB	0	7,884,718	0.000000	0.000000		455,722	60.01
60.02 06002 VASCULAR LAB	0	7,532,212	0.000000	0.000000		675,552	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	6,155,222	0.000000	0.000000		183,456	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	11,631,174	0.000000	0.000000		1,039,105	63.00
65.00 06500 RESPIRATORY THERAPY	0	27,806,920	0.000000	0.000000		3,074,646	65.00
66.00 06600 PHYSICAL THERAPY	0	10,526,256	0.000000	0.000000		522,795	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,265,410	0.000000	0.000000		373,478	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,175,490	0.000000	0.000000		119,238	68.00
69.00 06900 ELECTROCARDIOLOGY	0	31,126,611	0.000000	0.000000		2,261,243	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,107,518	0.000000	0.000000		183,447	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,975,190	0.000000	0.000000		808,543	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	32,442,003	0.000000	0.000000		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	89,413,214	0.000000	0.000000		6,270,318	73.00
74.00 07400 RENAL DIALYSIS	0	5,947,293	0.000000	0.000000		477,009	74.00
76.00 03020 SHOCK THERAPY	0	217,810	0.000000	0.000000		6,096	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	5,558,331	0.000000	0.000000		4,999	76.01
76.02 03022 DIABETES CARE CENTER	0	154,260	0.000000	0.000000		0	76.02
76.03 03023 OP PSYCH	0	3,326,129	0.000000	0.000000		0	76.03
76.04 03024 CARDIAC REHAB	0	407,255	0.000000	0.000000		0	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	1,817,630	0.000000	0.000000		0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	105,529,425	0.000000	0.000000		3,450,823	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,951,931	0.000000	0.000000		0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00 Total (lines 50-199)	0	760,966,982				38,443,511	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:45 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
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 G.I. LAB	0	0	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02 03022 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03 03023 OP PSYCH	0	0	0	0	0	76.03
76.04 03024 CARDIAC REHAB	0	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		PSA Adj .	PSA Adj . All	Hospital	PPS
		Allied Health	Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	G.I. LAB	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	76.02
76.03	03023	OP PSYCH	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 5:45 pm
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.366843	0	0	1,719,146	0 50.00
51.00 05100 RECOVERY ROOM	0.216442	0	0	205,759	0 51.00
53.00 05300 ANESTHESIOLOGY	0.090235	0	0	253,825	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.152467	0	0	4,341,396	0 54.00
57.00 05700 CT SCAN	0.043786	0	0	3,687,334	0 57.00
59.00 05900 CARDIAC CATHETERIZATION	0.200750	0	0	582,816	0 59.00
60.00 06000 LABORATORY	0.120504	0	0	0	0 60.00
60.01 06001 G.I. LAB	0.245727	0	0	237,193	0 60.01
60.02 06002 VASCULAR LAB	0.083718	0	0	198,012	0 60.02
60.03 06003 LABORATORY-PATHOLOGY	0.248973	0	0	153,781	0 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.369746	0	0	100,712	0 63.00
65.00 06500 RESPIRATORY THERAPY	0.236896	0	0	305,409	0 65.00
66.00 06600 PHYSICAL THERAPY	0.309084	0	0	387,903	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.354667	0	0	36,949	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.407523	0	0	5,695	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.059065	0	0	981,507	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.170542	0	0	453,414	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290829	0	0	27,712	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.413435	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.308305	0	0	5,663,430	0 73.00
74.00 07400 RENAL DIALYSIS	0.393021	0	0	0	0 74.00
76.00 03020 SHOCK THERAPY	0.847656	0	0	1,650	0 76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0.454116	0	0	554,164	0 76.01
76.02 03022 DIABETES CARE CENTER	6.756969	0	0	4,491	0 76.02
76.03 03023 OP PSYCH	0.287305	0	0	0	0 76.03
76.04 03024 CARDIAC REHAB	0.883402	0	0	20,946	0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.267189	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.176764	0	0	10,222,902	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.801151	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.447522	0	0	0	0 95.00
200.00	Subtotal (see instructions)	0	0	30,146,146	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	30,146,146	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 5:45 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	630,657		50.00
51.00 05100 RECOVERY ROOM	0	44,535		51.00
53.00 05300 ANESTHESIOLOGY	0	22,904		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	661,920		54.00
57.00 05700 CT SCAN	0	161,454		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	117,000		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	58,285		60.01
60.02 06002 VASCULAR LAB	0	16,577		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	38,287		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	37,238		63.00
65.00 06500 RESPIRATORY THERAPY	0	72,350		65.00
66.00 06600 PHYSICAL THERAPY	0	119,895		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	13,105		67.00
68.00 06800 SPEECH PATHOLOGY	0	2,321		68.00
69.00 06900 ELECTROCARDIOLOGY	0	57,973		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	77,326		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,059		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,746,064		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 SHOCK THERAPY	0	1,399		76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	251,655		76.01
76.02 03022 DIABETES CARE CENTER	0	30,346		76.02
76.03 03023 OP PSYCH	0	0		76.03
76.04 03024 CARDIAC REHAB	0	18,504		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	1,807,041		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	5,994,895		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,994,895		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2013 5:45 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		62,938	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		62,938	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		60,793	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)		27,512	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		45,884,481	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)		45,884,481	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		79,846,380	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		79,846,380	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.574660	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,313.41	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		45,884,481	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		729.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,057,348	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)		20,057,348	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 5:45 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)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00
43.00	INTENSIVE CARE UNIT	10,318,184	6,989	1,476.35	2,822	4,166,260	43.00
44.00	CORONARY CARE UNIT	6,352,910	5,143	1,235.25	3,743	4,623,541	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					37,213,390	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					66,060,539	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)					2,329,488	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,107,399	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,436,887	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,623,652	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,145	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					729.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,563,791	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 5:45 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,832,093	45,884,481	0.083516	1,563,791	130,602	90.00
91.00	Nursing School cost	0	45,884,481	0.000000	1,563,791	0	91.00
92.00	Allied health cost	50,471	45,884,481	0.001100	1,563,791	1,720	92.00
93.00	All other Medical Education	0	45,884,481	0.000000	1,563,791	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 5:45 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,516 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,516 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,516 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,915 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,303,178 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)			3,303,178 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			3,497,320 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			3,497,320 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.944488 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			994.69 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,303,178 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			939.47 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,799,085 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,799,085 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1		
		Component CCN: 26S180				Date/Time Prepared: 5/28/2013 5:45 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)							42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						246,832	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,045,917	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)						147,646	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						14,759	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						162,405	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,883,512	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 5:45 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	268,215	3,303,178	0.081199	0	0	90.00
91.00	Nursing School cost	0	3,303,178	0.000000	0	0	91.00
92.00	Allied health cost	2,879	3,303,178	0.000872	0	0	92.00
93.00	All other Medical Education	0	3,303,178	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 5:45 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,916	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,916	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,916	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,406	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,555,742	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)		2,555,742	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,650,523	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,650,523	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.700103	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		932.21	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,555,742	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		652.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,570,252	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,570,252	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1		
		Component CCN: 26T180				Date/Time Prepared: 5/28/2013 5:45 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,381,894		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,952,146		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)					134,351		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					96,925		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					231,276		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,720,870		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 5:45 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	215,477	2,555,742	0.084311	0	0	90.00
91.00	Nursing School cost	0	2,555,742	0.000000	0	0	91.00
92.00	Allied health cost	3,206	2,555,742	0.001254	0	0	92.00
93.00	All other Medical Education	0	2,555,742	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2013 5:45 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		62,938	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		62,938	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		60,793	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)		10,719	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		45,884,481	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)		45,884,481	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		45,884,481	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		729.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,814,580	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,814,580	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 5:45 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	10,318,184	6,989	1,476.35	806	1,189,938	43.00	
44.00	6,352,910	5,143	1,235.25	619	764,620	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,411,714	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,180,852	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)					800,387	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					564,305	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,364,692	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,816,160	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,145	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					729.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,563,791	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 5:45 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,832,093	45,884,481	0.083516	1,563,791	130,602	90.00
91.00	Nursing School cost	0	45,884,481	0.000000	1,563,791	0	91.00
92.00	Allied health cost	50,471	45,884,481	0.001100	1,563,791	1,720	92.00
93.00	All other Medical Education	0	45,884,481	0.000000	1,563,791	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 5:45 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		36,275,991	30.00
31.00	03100	INTENSIVE CARE UNIT		7,098,950	31.00
32.00	03200	CORONARY CARE UNIT		9,524,948	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.368145	14,233,097	50.00
51.00	05100	RECOVERY ROOM	0.216442	770,607	51.00
53.00	05300	ANESTHESIOLOGY	0.091832	1,872,166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152727	11,379,829	54.00
57.00	05700	CT SCAN	0.043786	10,026,259	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.200750	3,447,710	59.00
60.00	06000	LABORATORY	0.120504	28,152,918	60.00
60.01	06001	G.I. LAB	0.246091	1,176,695	60.01
60.02	06002	VASCULAR LAB	0.083718	2,459,952	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.248973	860,946	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.369746	4,109,428	63.00
65.00	06500	RESPIRATORY THERAPY	0.236896	12,950,102	65.00
66.00	06600	PHYSICAL THERAPY	0.309084	2,146,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.354667	1,294,402	67.00
68.00	06800	SPEECH PATHOLOGY	0.407523	359,316	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059065	9,769,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170542	524,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290829	12,885,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413435	8,251,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308305	27,797,683	73.00
74.00	07400	RENAL DIALYSIS	0.393021	3,175,444	74.00
76.00	03020	SHOCK THERAPY	0.847656	13,534	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.454116	18,133	76.01
76.02	03022	DIABETES CARE CENTER	6.756969	0	76.02
76.03	03023	OP PSYCH	0.288342	3,572	76.03
76.04	03024	CARDIAC REHAB	0.883402	166	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.267189	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.176764	5,886,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.801151	127,293	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		163,693,832	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)		163,693,832	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 26S180		Date/Time Prepared: 5/28/2013 5:45 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		1,901,051	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.368145	791	50.00
51.00	05100	RECOVERY ROOM	0.216442	0	51.00
53.00	05300	ANESTHESIOLOGY	0.091832	1,386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152727	44,697	54.00
57.00	05700	CT SCAN	0.043786	95,874	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.200750	0	59.00
60.00	06000	LABORATORY	0.120504	285,814	60.00
60.01	06001	G.I. LAB	0.246091	3,193	60.01
60.02	06002	VASCULAR LAB	0.083718	8,732	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.248973	2,299	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.369746	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.236896	33,463	65.00
66.00	06600	PHYSICAL THERAPY	0.309084	50,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.354667	24,776	67.00
68.00	06800	SPEECH PATHOLOGY	0.407523	3,197	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059065	30,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170542	11,783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290829	10,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413435	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308305	289,251	73.00
74.00	07400	RENAL DIALYSIS	0.393021	11,025	74.00
76.00	03020	SHOCK THERAPY	0.847656	39,286	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.454116	0	76.01
76.02	03022	DIABETES CARE CENTER	6.756969	0	76.02
76.03	03023	OP PSYCH	0.288342	3,864	76.03
76.04	03024	CARDIAC REHAB	0.883402	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.267189	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.176764	171,546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.801151	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,122,970	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)		1,122,970	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 26T180		Date/Time Prepared: 5/28/2013 5:45 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,242,245	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.368145	53,602	50.00
51.00	05100	RECOVERY ROOM	0.216442	4,856	51.00
53.00	05300	ANESTHESIOLOGY	0.091832	9,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152727	110,866	54.00
57.00	05700	CT SCAN	0.043786	69,532	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.200750	0	59.00
60.00	06000	LABORATORY	0.120504	558,559	60.00
60.01	06001	G.I. LAB	0.246091	3,858	60.01
60.02	06002	VASCULAR LAB	0.083718	57,278	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.248973	5,267	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.369746	22,663	63.00
65.00	06500	RESPIRATORY THERAPY	0.236896	214,879	65.00
66.00	06600	PHYSICAL THERAPY	0.309084	1,280,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.354667	1,007,952	67.00
68.00	06800	SPEECH PATHOLOGY	0.407523	255,844	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059065	35,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170542	7,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290829	102,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413435	5,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308305	736,367	73.00
74.00	07400	RENAL DIALYSIS	0.393021	218,760	74.00
76.00	03020	SHOCK THERAPY	0.847656	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.454116	536	76.01
76.02	03022	DIABETES CARE CENTER	6.756969	0	76.02
76.03	03023	OP PSYCH	0.288342	0	76.03
76.04	03024	CARDIAC REHAB	0.883402	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.267189	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.176764	1,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.801151	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,764,134	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)		4,764,134	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 5:45 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,353,679	30.00
31.00	03100	INTENSIVE CARE UNIT		1,878,162	31.00
32.00	03200	CORONARY CARE UNIT		1,477,453	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.368145	1,563,121	50.00
51.00	05100	RECOVERY ROOM	0.216442	233,816	51.00
53.00	05300	ANESTHESIOLOGY	0.091832	465,919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152727	4,591,031	54.00
57.00	05700	CT SCAN	0.043786	3,114,683	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.200750	811,548	59.00
60.00	06000	LABORATORY	0.120504	7,756,923	60.00
60.01	06001	G.I. LAB	0.246091	455,722	60.01
60.02	06002	VASCULAR LAB	0.083718	675,552	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.248973	183,456	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.369746	1,039,105	63.00
65.00	06500	RESPIRATORY THERAPY	0.236896	3,074,646	65.00
66.00	06600	PHYSICAL THERAPY	0.309084	522,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.354667	373,478	67.00
68.00	06800	SPEECH PATHOLOGY	0.407523	119,238	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059065	2,261,243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170542	183,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290829	808,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413435	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308305	6,270,318	73.00
74.00	07400	RENAL DIALYSIS	0.393021	477,009	74.00
76.00	03020	SHOCK THERAPY	0.847656	6,096	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.454116	4,999	76.01
76.02	03022	DIABETES CARE CENTER	6.756969	0	76.02
76.03	03023	OP PSYCH	0.288342	0	76.03
76.04	03024	CARDIAC REHAB	0.883402	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.267189	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.176764	3,450,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.801151	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		38,443,511	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)		38,443,511	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 26S180		Date/Time Prepared: 5/28/2013 5:45 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		460,096		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.366843	374	137	50.00
51.00	05100 RECOVERY ROOM	0.216442	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.090235	2,079	188	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152467	68,660	10,468	54.00
57.00	05700 CT SCAN	0.043786	34,976	1,531	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.200750	1,558	313	59.00
60.00	06000 LABORATORY	0.120504	153,420	18,488	60.00
60.01	06001 G.I. LAB	0.245727	6,113	1,502	60.01
60.02	06002 VASCULAR LAB	0.083718	6,522	546	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.248973	518	129	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.369746	12,564	4,645	63.00
65.00	06500 RESPIRATORY THERAPY	0.236896	11,060	2,620	65.00
66.00	06600 PHYSICAL THERAPY	0.309084	10,763	3,327	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.354667	6,847	2,428	67.00
68.00	06800 SPEECH PATHOLOGY	0.407523	3,277	1,335	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059065	36,384	2,149	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170542	2,168	370	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290829	5,766	1,677	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.413435	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.308305	85,043	26,219	73.00
74.00	07400 RENAL DIALYSIS	0.393021	2,450	963	74.00
76.00	03020 SHOCK THERAPY	0.847656	2,390	2,026	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0.454116	0	0	76.01
76.02	03022 DIABETES CARE CENTER	6.756969	0	0	76.02
76.03	03023 OP PSYCH	0.287305	0	0	76.03
76.04	03024 CARDIAC REHAB	0.883402	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.267189	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.176764	92,050	16,271	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.801151	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		544,982	97,332	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)		544,982		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 26T180		Date/Time Prepared: 5/28/2013 5:45 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		242,373	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.366843	26,448	50.00
51.00	05100	RECOVERY ROOM	0.216442	2,411	51.00
53.00	05300	ANESTHESIOLOGY	0.090235	6,504	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152467	177,106	54.00
57.00	05700	CT SCAN	0.043786	118,577	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.200750	100,653	59.00
60.00	06000	LABORATORY	0.120504	198,573	60.00
60.01	06001	G.I. LAB	0.245727	3,679	60.01
60.02	06002	VASCULAR LAB	0.083718	32,379	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.248973	3,580	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.369746	17,442	63.00
65.00	06500	RESPIRATORY THERAPY	0.236896	96,077	65.00
66.00	06600	PHYSICAL THERAPY	0.309084	154,183	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.354667	121,639	67.00
68.00	06800	SPEECH PATHOLOGY	0.407523	50,019	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059065	75,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170542	10,544	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.290829	39,086	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413435	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308305	205,162	73.00
74.00	07400	RENAL DIALYSIS	0.393021	9,968	74.00
76.00	03020	SHOCK THERAPY	0.847656	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.454116	0	76.01
76.02	03022	DIABETES CARE CENTER	6.756969	0	76.02
76.03	03023	OP PSYCH	0.287305	0	76.03
76.04	03024	CARDIAC REHAB	0.883402	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.267189	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.176764	31,376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.801151	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,480,566	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)		1,480,566	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 5:45 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		46,752,994	1.00
2.00	Outlier payments for discharges. (see instructions)		2,838,347	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		11,914,571	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		416.14	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		2.47	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.		-1.55	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.92	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.92	12.00
13.00	Total allowable FTE count for the prior year.		0.78	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.95	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.88	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.88	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.002115	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.002436	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.002115	21.00
22.00	IME payment adjustment (see instructions)		67,820	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.08	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		67,820	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.48	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		17.65	31.00
32.00	Sum of lines 30 and 31		25.13	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.95	33.00
34.00	Disproportionate share adjustment (see instructions)		4,651,923	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		743	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		5,503	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		740.65	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		5,585	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.144986	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		425.82	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		339,755	46.00
47.00	Subtotal (see instructions)		54,650,839	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)		54,650,839	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,291,519	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).		18,456	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 5:45 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).		27,393	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		112	58.00
59.00	Total (sum of amounts on lines 49 through 58)		58,988,319	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		58,988,319	61.00
62.00	Deductibles billed to program beneficiaries		4,011,716	62.00
63.00	Coinurance billed to program beneficiaries		413,548	63.00
64.00	Allowable bad debts (see instructions)		1,188,465	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		831,926	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		840,110	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,394,981	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)		14,380	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-86,612	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)		55,322,749	71.00
72.00	Interim payments		56,394,204	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)		-1,071,455	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		299,218	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 5:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,190	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,254,197	2.00
3.00	PPS payments		18,854,221	3.00
4.00	Outlier payment (see instructions)		50,337	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		399	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,190	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		13,589	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)		13,589	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		13,589	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,399	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		4,190	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)		18,904,957	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,909,742	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)		14,999,405	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		5,262	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)		15,004,667	30.00
31.00	Primary payer payments		39	31.00
32.00	Subtotal (line 30 minus line 31)		15,004,628	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		238,284	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		166,799	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		64,806	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		15,171,427	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)		15,171,427	40.00
41.00	Interim payments		14,996,852	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)		174,575	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 5:45 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		56,342,804		14,996,852	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	08/06/2012	51,400		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)		51,400		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)		56,394,204		14,996,852	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		174,575	6.01	
6.02	SETTLEMENT TO PROGRAM		1,071,455		0	6.02	
7.00	Total Medicare program liability (see instructions)		55,322,749		15,171,427	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: 260180
Component CCN: 26S180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 5:45 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		1,336,767		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,336,767		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,569		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,338,336		0	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: 260180
Component CCN: 26T180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 5:45 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,145,067		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,145,067		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		6,280		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,151,347		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/28/2013 5:45 pm
		Component CCN: 26S180	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,460,412	1.00
2.00	Net IPF PPS Outlier Payments		10,848	2.00
3.00	Net IPF PPS ECT Payments		20,314	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		9.606557	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,491,574	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)		1,491,574	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,491,574	18.00
19.00	Deductibles		136,312	19.00
20.00	Subtotal (line 18 minus line 19)		1,355,262	20.00
21.00	Coinsurance		18,496	21.00
22.00	Subtotal (line 20 minus line 21)		1,336,766	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,336,766	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)		1,570	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)		1,338,336	31.00
32.00	Interim payments		1,336,767	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)		1,569	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		10,848	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/28/2013 5:45 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,026,954 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0322 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			150,409 3.00
4.00	Outlier Payments			21,117 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.699454 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,198,480 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,198,480 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,198,480 19.00
20.00	Deductibles			20,784 20.00
21.00	Subtotal (line 19 minus line 20)			3,177,696 21.00
22.00	Coinsurance			28,322 22.00
23.00	Subtotal (line 21 minus line 22)			3,149,374 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,149,374 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,973 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,151,347 32.00
33.00	Interim payments			3,145,067 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			6,280 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			21,117 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: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 5:45 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	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))			-1.54	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			0.93	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.93	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.50	0.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.47	0.47	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	0.47		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.40		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.64		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.50		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	0.50		17.00
18.00	Per resident amount	0.00	83,165.88		18.00
19.00	Approved amount for resident costs	0	41,583	41,583	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.07	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			41,583	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	38,398	8,660		26.00
27.00	Total Inpatient Days (see instructions)	80,357	80,357		27.00
28.00	Ratio of inpatient days to total inpatient days	0.477843	0.107769		28.00
29.00	Program direct GME amount	19,870	4,481		29.00
30.00	Reduction for direct GME payments for Medicare managed care		633		30.00
31.00	Net Program direct GME amount			23,718	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 5:45 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		5,947,293	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		71,058,602	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		71,058,602	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,258,786	42.00
43.00	Primary payer payments (see instructions)		39	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,258,747	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		91,317,349	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.778150	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.221850	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		23,718	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		18,456	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		5,262	50.00

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

Provider CCN: 260180

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

Worksheet G

Date/Time Prepared:
5/28/2013 5:45 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,526,024	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,290,020	0	0	0	4.00
5.00	Other receivable	850,154	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,047,361	0	0	0	7.00
8.00	Prepaid expenses	807,504	0	0	0	8.00
9.00	Other current assets	118,327	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)	55,639,390	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	6,338,568	0	0	0	13.00
14.00	Accumulated depreciation	-5,461,364	0	0	0	14.00
15.00	Buildings	109,969,029	0	0	0	15.00
16.00	Accumulated depreciation	-57,645,291	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	77,455,992	0	0	0	19.00
20.00	Accumulated depreciation	-61,066,446	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	90,176,777	0	0	0	23.00
24.00	Accumulated depreciation	-77,388,855	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	84,618,735	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	283,811	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	283,811	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	140,541,936	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,383,320	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,402,361	0	0	0	38.00
39.00	Payroll taxes payable	1,265,073	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,643,091	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,693,845	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	297,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	297,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,990,845	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	118,551,091				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	118,551,091	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	140,541,936	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260180

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

Worksheet G-1

Date/Time Prepared:
5/28/2013 5:45 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		-20,123,897			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-18,607,314				2.00
3.00	Total (sum of line 1 and line 2)		-38,731,211			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER TO BJC	157,300,000		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		157,300,000		0		10.00
11.00	Subtotal (line 3 plus line 10)		118,568,789		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN RESTRICTED ASSETS	17,698		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		17,698		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		118,551,091		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TRANSFER TO BJC		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	CHANGE IN RESTRICTED ASSETS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260180

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2013 5:45 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	80,161,326		80,161,326	1.00
2.00	SUBPROVIDER - IPF	3,497,320		3,497,320	2.00
3.00	SUBPROVIDER - IRF	3,650,523		3,650,523	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	87,309,169		87,309,169	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,818,982		17,818,982	11.00
12.00	CORONARY CARE UNIT	12,942,240		12,942,240	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,761,222		30,761,222	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	118,070,391		118,070,391	17.00
18.00	Ancillary services	370,211,364	424,464,587	794,675,951	18.00
19.00	Outpatient services	0	0	0	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	86,210	22,789,809	22,876,019	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	488,367,965	447,254,396	935,622,361	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		240,499,563		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	CORPORATE OVERHEAD EXPENSES	29,423,220			31.00
32.00	ADJUSTMENT	436			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)		29,423,656		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	POB I AND GRAHAM POB ECPENSES	1,554,408			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)		1,554,408		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		268,368,811		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260180

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

Worksheet G-3

Date/Time Prepared:
5/28/2013 5:45 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	935,622,361	1.00
2.00	Less contractual allowances and discounts on patients' accounts	683,574,182	2.00
3.00	Net patient revenues (line 1 minus line 2)	252,048,179	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	268,368,811	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,320,632	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	116,000	6.00
7.00	Income from investments	258,719	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	2,133,672	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	7,013,008	24.00
25.00	Total other income (sum of lines 6-24)	9,521,399	25.00
26.00	Total (line 5 plus line 25)	-6,799,233	26.00
27.00	PHYSICIAN PRACTICE NET LOSS	10,465,463	27.00
27.01	POB NET LOSS	1,342,618	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	11,808,081	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-18,607,314	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260180	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 5:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,739,691	1.00
2.00	Capital DRG outlier payments		352,128	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		201.56	3.00
4.00	Number of interns & residents (see instructions)		0.88	4.00
5.00	Indirect medical education percentage (see instructions)		0.12	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		4,488	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.48	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		17.65	8.00
9.00	Sum of lines 7 and 8		25.13	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.22	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		195,212	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,291,519	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00