

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: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/24/2013 7:49 am
--	----------------------	---------------------------------------	---

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 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: 5/24/2013 Time: 7:49 am

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.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LOUIS CHILDREN'S HOSPITAL (263301) 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	122,643	-5,133	0	-8,382,922	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	122,643	-5,133	0	-8,382,922	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.

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: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/24/2013 7:49 am
--	----------------------	---------------------------------------	---

PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 5/24/2013 Time: 7:49 am	
	2. <input checked="" 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 ST. LOUIS CHILDREN'S HOSPITAL (263301) 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.

Encryption Information
 ECR: Date: 5/24/2013 Time: 7:49 am
 LTOTIEDfd6WVFrCOiRcBn5uwmAtKeO
 xXou80bo6CN8RJXQWuCYGkyfkaAXbX
 Z9cw1P: opn0HnPVq
 PI: Date: 5/24/2013 Time: 7:49 am
 nKUTkZJLP: D7YZaQ: 9r6P1n1tBH780
 Zbgye0Jqaky5T29Jge33cnyhNUKYoP
 mkJV0mxKI00R336S

(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	122,643	-5,133	0	-8,382,922 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	122,643	-5,133	0	-8,382,922 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:47 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE CHILDREN'S PLACE			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: ST. LOUIS		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. LOUIS CHILDREN'S HOSPITAL	263301	41180	7	07/01/1966	0	T	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis		ST. LOUIS CHILDREN'S HOSPITAL	262309	41180		01/01/1974				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)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						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.		0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		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: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:47 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	4.23	75.51		0.053047	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 263301

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2013 7:47 am

		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)	PEDIATRICS	2000	1.79	78.29	0.022353	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)			12.74	68.30	0.157206	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.	PEDIATRICS	2000	5.63	74.73	0.070060	67.00
67.01		INTERNAL MEDICINE	1400	0.00	0.07	0.000000	67.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:47 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N	105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00	
		Physical	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.					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: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:47 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	445,591	500,000		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		06/30/1977		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.		06/18/2009		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.		06/18/2009		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.		06/18/2009		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 HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301	
142.00	Street: 4901 FOREST PARK PARKWAY	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.			N	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 7:47 am		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 7:47 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/17/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	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: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 7:47 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00
		N			N
					21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CINDY		DERBY	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0616		CAD4924@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)	05/17/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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

HFS Supplemental Information		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/24/2013 7:47 am	
			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	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2013 7:47 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	194	71,004	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)		194	71,004	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,248	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,392	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	78	28,548	0.00	0	12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		312	114,192	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 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)		312				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
Component	I/P Days / O/P Visi ts / Tri ps			Full Time Equivalents		
	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)	183	6,269	38,433			1.00
2.00 HMO	0	14,359				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	183	6,269	38,433			7.00
8.00 INTENSIVE CARE UNIT	18	2,039	7,330			8.00
9.00 CORONARY CARE UNIT	2	491	4,317			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	4,648	22,046			12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	203	13,447	72,126	161.47	2,466.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 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: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2013 7:47 am

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)					27.00
28.00		261	2,544	161.47	2,466.00	28.00
29.00	0					29.00
30.00			0			30.00
31.00			0			31.00
32.00		0	0			32.00
33.00	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title 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)					1.00
2.00		0	35	1,540	11,251	2.00
3.00			0			3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0.00	0	35	1,540	11,251	14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
26.00						26.00
26.25						26.25
27.00	0.00					27.00
28.00						28.00
29.00						29.00
30.00						30.00
31.00						31.00
32.00						32.00
33.00						33.00

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	4	0	0	0	0	7	1.00
2.00	Number of times per week patient receives dialysis	3.60	0.00	0.00	0.00	0.00	7.00	2.00
3.00	Average patient dialysis time including setup	4.20	0.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		5.00	4.00
5.00	Number of days in year dialysis furnished	366	0					5.00
6.00	Number of stations	5	0	0	0			6.00
7.00	Treatment capacity per day per station	2	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
TRANSPLANT INFORMATION								
11.00	Number of patients on transplant list	9						11.00
12.00	Number of patients transplanted during the cost reporting period	6						12.00
EPOETIN								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	16,988						13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0						14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	664						15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0						16.00
ARANESP								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	10,872						17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0						18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	427						19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0						20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
21.00	PHYSICIAN PAYMENT METHOD enter "X" if method(s) is applicable					X		21.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 263301		Period: 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/24/2013 7:47 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		0	0	12,908,992	12,908,992	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	17,714,177	17,714,177	2.00
4.00 00400	EMPLOYEE BENEFITS	494,696	2,980,506	3,475,202	-1,291,082	2,184,120	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,854,335	85,706,952	106,561,287	-49,310,190	57,251,097	5.00
6.00 00600	MAINTENANCE & REPAIRS	342,349	1,386,516	1,728,865	-1,017,343	711,522	6.00
7.00 00700	OPERATION OF PLANT	1,622,651	4,314,732	5,937,383	-575,375	5,362,008	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	162,577	162,577	-2	162,575	8.00
9.00 00900	HOUSEKEEPING	3,084,946	2,224,169	5,309,115	-4,035	5,305,080	9.00
10.00 01000	DIETARY	0	0	0	707,000	707,000	10.00
11.00 01100	CAFETERIA	2,590,172	4,898,983	7,489,155	493,601	7,982,756	11.00
13.00 01300	NURSING ADMINISTRATION	4,563,349	2,116,061	6,679,410	-108,953	6,570,457	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	5,361,045	5,361,045	14.00
15.00 01500	PHARMACY	0	0	0	14,386,054	14,386,054	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,853,746	1,047,945	2,901,691	-15,948	2,885,743	16.00
17.00 01700	SOCIAL SERVICE	1,417,505	977,584	2,395,089	-14,470	2,380,619	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,044,334	4,294,644	10,338,978	29,141,759	39,480,737	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	20,676,328	10,726,493	31,402,821	-3,413,539	27,989,282	30.00
31.00 03100	INTENSIVE CARE UNIT	7,210,437	3,803,210	11,013,647	-347,214	10,666,433	31.00
32.00 03200	CORONARY CARE UNIT	4,191,611	2,325,208	6,516,819	-23,396	6,493,423	32.00
35.00 02061	NEONATAL INTENSIVE CARE UNIT	16,561,829	6,879,701	23,441,530	-552,462	22,889,068	35.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	7,039,937	23,147,104	30,187,041	-17,305,394	12,881,647	50.00
51.00 05100	RECOVERY ROOM	1,331,014	455,349	1,786,363	1,767,979	3,554,342	51.00
53.00 05300	ANESTHESIOLOGY	331,313	5,433,473	5,764,786	-1,380,880	4,383,906	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,878,297	2,807,242	5,685,539	-1,394,341	4,291,198	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	420,446	577,674	998,120	-256,879	741,241	55.00
57.00 05700	CT SCAN	52,811	117,073	169,884	-49,479	120,405	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	518,098	308,531	826,629	-31,444	795,185	58.00
59.00 05900	CARDIAC CATHETERIZATION	854,796	3,585,501	4,440,297	-2,865,510	1,574,787	59.00
60.00 06000	LABORATORY	4,656,136	12,985,313	17,641,449	-807,509	16,833,940	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	468,989	2,986,510	3,455,499	785,999	4,241,498	63.00
65.00 06500	RESPIRATORY THERAPY	3,723,308	4,393,347	8,116,655	-2,362,945	5,753,710	65.00
66.00 06600	PHYSICAL THERAPY	2,758,953	1,221,035	3,979,988	-106,057	3,873,931	66.00
67.00 06700	OCCUPATIONAL THERAPY	929,021	322,357	1,251,378	-36,848	1,214,530	67.00
68.00 06800	SPEECH PATHOLOGY	1,324,158	643,833	1,967,991	-216,030	1,751,961	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,773,937	1,773,937	80	1,774,017	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	393,901	336,842	730,743	-48,257	682,486	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	812,483	4,781,044	5,593,527	6,029,879	11,623,406	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,606,403	11,606,403	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,008,574	18,561,693	24,570,267	-14,613,946	9,956,321	73.00
74.00 07400	RENAL DIALYSIS	542,831	1,001,893	1,544,724	-1,233,792	310,932	74.00
75.00 07500	ASC (NON-DISTINCT PART)	2,290,379	888,655	3,179,034	-17,811	3,161,223	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	5,316,130	6,175,639	11,491,769	-1,272,385	10,219,384	90.00
91.00 09100	EMERGENCY	5,889,610	5,229,183	11,118,793	-163,288	10,955,505	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0	147	147	0	147	94.00
95.00 09500	AMBULANCE SERVICES	2,732,071	561,411	3,293,482	-66,967	3,226,515	95.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0	146,427	146,427	0	146,427	105.00
106.00 10600	HEART ACQUISITION	0	1,196,272	1,196,272	0	1,196,272	106.00
107.00 10700	LIVER ACQUISITION	0	518,961	518,961	0	518,961	107.00
108.00 10800	LUNG ACQUISITION	0	609,384	609,384	0	609,384	108.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	586,580	586,580	0	586,580	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	142,781,544	235,197,691	377,979,235	-803	377,978,432	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	4,043	4,043	0	4,043	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	1,845,886	1,618,673	3,464,559	5,233	3,469,792	194.00
194.01 07951	RETAIL PHARMACY	505,329	4,560,172	5,065,501	-4,430	5,061,071	194.01
200.00	TOTAL (SUM OF LINES 118-199)	145,132,759	241,380,579	386,513,338	0	386,513,338	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263301

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

Worksheet A
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-686,625	12,222,367	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-283,584	17,430,593	2.00
4.00	00400	EMPLOYEE BENEFITS	4,668,208	6,852,328	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,044,578	86,295,675	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	711,522	6.00
7.00	00700	OPERATION OF PLANT	-1,288	5,360,720	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	162,575	8.00
9.00	00900	HOUSEKEEPING	-64,329	5,240,751	9.00
10.00	01000	DIETARY	0	707,000	10.00
11.00	01100	CAFETERIA	-6,163,869	1,818,887	11.00
13.00	01300	NURSING ADMINISTRATION	-127,102	6,443,355	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,361,045	14.00
15.00	01500	PHARMACY	0	14,386,054	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-404,009	2,481,734	16.00
17.00	01700	SOCIAL SERVICE	-526,954	1,853,665	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,866,102	36,614,635	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-964,228	27,025,054	30.00
31.00	03100	INTENSIVE CARE UNIT	-9,563	10,656,870	31.00
32.00	03200	CORONARY CARE UNIT	-4,112	6,489,311	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	-51,549	22,837,519	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-233,355	12,648,292	50.00
51.00	05100	RECOVERY ROOM	-1,642	3,552,700	51.00
53.00	05300	ANESTHESIOLOGY	-3,840,183	543,723	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-46,721	4,244,477	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-61	741,180	55.00
57.00	05700	CT SCAN	0	120,405	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	795,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,807	1,614,594	59.00
60.00	06000	LABORATORY	-2,608,162	14,225,778	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	83,942	4,325,440	63.00
65.00	06500	RESPIRATORY THERAPY	-4,755	5,748,955	65.00
66.00	06600	PHYSICAL THERAPY	-22,130	3,851,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	-18,039	1,196,491	67.00
68.00	06800	SPEECH PATHOLOGY	-5,211	1,746,750	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,774,017	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	682,486	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,479	11,621,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,606,403	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-141,641	9,814,680	73.00
74.00	07400	RENAL DIALYSIS	-162,240	148,692	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-6,512	3,154,711	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-841,222	9,378,162	90.00
91.00	09100	EMERGENCY	-1,861,982	9,093,523	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	147	94.00
95.00	09500	AMBULANCE SERVICES	-363,146	2,863,369	95.00
98.00	09500	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	146,427	105.00
106.00	10600	HEART ACQUISITION	0	1,196,272	106.00
107.00	10700	LIVER ACQUISITION	0	518,961	107.00
108.00	10800	LUNG ACQUISITION	0	609,384	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	586,580	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,524,740	389,503,172	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,043	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	3,469,792	194.00
194.01	07951	RETAIL PHARMACY	0	5,061,071	194.01
200.00		TOTAL (SUM OF LINES 118-199)	11,524,740	398,038,078	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/24/2013 7:47 am
----------------------------------	----------------------	---	---

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
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
35.00 NEONATAL INTENSIVE CARE UNIT	02061		35.00
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
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
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 PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	09400		94.00
95.00 AMBULANCE SERVICES	09500		95.00
98.00 OTHER REIMBURSABLE COST CENTERS	05950		98.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION	10500		105.00
106.00 HEART ACQUISITION	10600		106.00
107.00 LIVER ACQUISITION	10700		107.00
108.00 LUNG ACQUISITION	10800		108.00
112.00 OTHER ORGAN ACQUISITION (SPECIFY)	08600		112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01 RETAIL PHARMACY	07951		194.01
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTAL EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,922,843	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
TOTALS			0	2,922,843	
B - CONVENIENCE CARE					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	15,761	1.00
TOTALS			0	15,761	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	319,976	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	173,206	2.00
TOTALS			0	493,182	
D - OP TREATMENT ROOM					
1.00	CLINIC	90.00	0	41,189	1.00
TOTALS			0	41,189	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,994,504	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,079,646	2.00
TOTALS			0	3,074,150	
F - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,594,512	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,538,482	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	24,132,994	
G - PHERESIS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	373,305	562,055	1.00
	TOTALS		373,305	562,055	
H - INFECTION SURVEILLANCE					
1.00	INTENSIVE CARE UNIT	31.00	15,774	23,122	1.00
2.00	CORONARY CARE UNIT	32.00	9,290	13,618	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	47,442	69,542	3.00
	TOTALS		72,506	106,282	
I - LIBRARY					
1.00	INTENSIVE CARE UNIT	31.00	0	14,242	1.00
2.00	CORONARY CARE UNIT	32.00	0	8,388	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	42,835	3.00
	TOTALS		0	65,465	
J - CENTRAL SERVICE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	812,483	4,548,562	1.00
	TOTALS		812,483	4,548,562	
K - PHARMACY					
1.00	PHARMACY	15.00	6,008,574	8,377,480	1.00
	TOTALS		6,008,574	8,377,480	
L - TEACHING SERVICE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	29,144,642	1.00
	TOTALS		0	29,144,642	
M - TELEPHONE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	29,529	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
	TOTALS		0	29,529	
N - DIETARY					
1.00	DIETARY	10.00	247,030	459,970	1.00
	TOTALS		247,030	459,970	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/24/2013 7:47 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
O - MAINTENANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	685,930	269,216	1.00
2.00		0.00	0	0	2.00
	TOTALS		685,930	269,216	
P - PATIENT SERVICE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,731,774	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
	TOTALS		0	13,731,774	
Q - BURN PATIENTS					
1.00	CLINIC	90.00	0	10,356	1.00
	TOTALS		0	10,356	
R - EXTENDED RECOVERY					
1.00	RECOVERY ROOM	51.00	0	1,721,115	1.00
	TOTALS		0	1,721,115	
S - INFUSION					
1.00	CLINIC	90.00	110,176	165,884	1.00
	TOTALS		110,176	165,884	
T - FAMILY CENTER CARE					
1.00	INTENSIVE CARE UNIT	31.00	7,531	3,647	1.00
2.00	CORONARY CARE UNIT	32.00	4,435	2,148	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	22,651	10,970	3.00
	TOTALS		34,617	16,765	
U - CAFETERIA DISCOUNT					
1.00	CAFETERIA	11.00	0	1,288,247	1.00
	TOTALS		0	1,288,247	
W - EPOIETIN					
1.00	RENAL DIALYSIS	74.00	0	27,842	1.00
	TOTALS		0	27,842	
X - PATIENT BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	259,285	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
	TOTALS		0	259,285	
Y - AFFILIATE BILLING					
1.00	OPERATING ROOM	50.00	0	183,615	1.00
2.00	RECOVERY ROOM	51.00	0	46,983	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,085	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,687	4.00
5.00	CT SCAN	57.00	0	1,902	5.00
6.00	RESPIRATORY THERAPY	65.00	0	1,483	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	80	7.00
	TOTALS		0	292,835	
Z - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,606,403	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
	TOTALS		0	11,606,403	

Provider CCN: 263301

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

Worksheet A-6

Date/Time Prepared:
5/24/2013 7:47 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
500.00	Grand Total : Increases	8,344,621	103,363,826			500.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/24/2013 7:47 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - RENTAL EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	2,582	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	125,621	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	13,209	0	3.00	
4.00	CAFETERIA	11.00	0	11,534	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	25,961	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,715	0	6.00	
7.00	SOCIAL SERVICE	17.00	0	4,587	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	13,150	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	57,023	0	9.00	
10.00	CORONARY CARE UNIT	32.00	0	31,568	0	10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	29,005	0	11.00	
12.00	OPERATING ROOM	50.00	0	7,940	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,691	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,670	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	3,724	0	15.00	
16.00	LABORATORY	60.00	0	10,074	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	17,691	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	11,044	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	3,044	0	19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	444	0	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,064,596	0	21.00	
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	428,674	0	22.00	
23.00	ASC (NON-DISTINCT PART)	75.00	0	2,489	0	23.00	
24.00	CLINIC	90.00	0	21,084	0	24.00	
25.00	EMERGENCY	91.00	0	16,580	0	25.00	
26.00	AMBULANCE SERVICES	95.00	0	48	0	26.00	
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,212	0	27.00	
28.00	RETAIL PHARMACY	194.01	0	883	0	28.00	
	TOTALS		0	2,922,843			
B - CONVENIENCE CARE							
1.00	ADULTS & PEDIATRICS	30.00	0	15,761	0	1.00	
	TOTALS		0	15,761			
C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	493,182	10	1.00	
2.00		0.00	0	0	10	2.00	
	TOTALS		0	493,182			
D - OP TREATMENT ROOM							
1.00	ADULTS & PEDIATRICS	30.00	0	41,189	0	1.00	
	TOTALS		0	41,189			
E - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,074,150	11	1.00	
2.00		0.00	0	0	11	2.00	
	TOTALS		0	3,074,150			
F - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,378,644	9	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	615,288	9	2.00	
3.00	OPERATION OF PLANT	7.00	0	8,852	9	3.00	
4.00	HOUSEKEEPING	9.00	0	3,982	9	4.00	
5.00	CAFETERIA	11.00	0	75,759	9	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	81,505	9	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,428	9	7.00	
8.00	SOCIAL SERVICE	17.00	0	9,066	9	8.00	
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,582	9	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	522,004	9	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	286,020	9	11.00	
12.00	CORONARY CARE UNIT	32.00	0	29,322	9	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	524,375	9	13.00	
14.00	OPERATING ROOM	50.00	0	1,216,150	9	14.00	
15.00	ANESTHESIOLOGY	53.00	0	119,090	9	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,422,394	9	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	584	9	17.00	
18.00	CT SCAN	57.00	0	16,500	9	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,685	9	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	471,149	9	20.00	
21.00	LABORATORY	60.00	0	364,556	9	21.00	
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	4,243	9	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	207,937	9	23.00	
24.00	PHYSICAL THERAPY	66.00	0	53,410	9	24.00	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/24/2013 7:47 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
25.00	OCCUPATIONAL THERAPY	67.00	0	294	9	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	48,817	9	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	47,734	9	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	72,044	9	28.00	
29.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,784	9	29.00	
30.00	RENAL DIALYSIS	74.00	0	50,121	9	30.00	
31.00	ASC (NON-DISTINCT PART)	75.00	0	13,119	9	31.00	
32.00	CLINIC	90.00	0	228,697	9	32.00	
33.00	EMERGENCY	91.00	0	146,402	9	33.00	
34.00	AMBULANCE SERVICES	95.00	0	64,996	9	34.00	
35.00	RETAIL PHARMACY	194.01	0	3,461	9	35.00	
	TOTALS		0	24,132,994			
G - PHERESIS							
1.00	RENAL DIALYSIS	74.00	373,305	562,055	0	1.00	
	TOTALS		373,305	562,055			
H - INFECTION SURVEILLANCE							
1.00	ADULTS & PEDIATRICS	30.00	72,506	106,282	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		72,506	106,282			
I - LIBRARY							
1.00	ADULTS & PEDIATRICS	30.00	0	65,465	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		0	65,465			
J - CENTRAL SERVICE							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	812,483	4,548,562	0	1.00	
	TOTALS		812,483	4,548,562			
K - PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	6,008,574	8,377,480	0	1.00	
	TOTALS		6,008,574	8,377,480			
L - TEACHING SERVICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	29,144,642	0	1.00	
	TOTALS		0	29,144,642			
M - TELEPHONE							
1.00	EMPLOYEE BENEFITS	4.00	0	253	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	125	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	98	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	2	0	4.00	
5.00	HOUSEKEEPING	9.00	0	53	0	5.00	
6.00	CAFETERIA	11.00	0	353	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,487	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,805	0	8.00	
9.00	SOCIAL SERVICE	17.00	0	817	0	9.00	
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,301	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	2,070	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	343	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	170	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,653	0	14.00	
15.00	OPERATING ROOM	50.00	0	398	0	15.00	
16.00	RECOVERY ROOM	51.00	0	119	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	341	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	13	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	101	0	20.00	
21.00	LABORATORY	60.00	0	257	0	21.00	
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	19	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	56	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	1,001	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	4	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	288	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	79	0	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18	0	28.00	
29.00	DRUGS CHARGED TO PATIENTS	73.00	0	185	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	93	0	30.00	
31.00	ASC (NON-DISTINCT PART)	75.00	0	1,847	0	31.00	
32.00	CLINIC	90.00	0	2,548	0	32.00	
33.00	EMERGENCY	91.00	0	306	0	33.00	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/24/2013 7:47 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
34.00	AMBULANCE SERVICES	95.00	0	1,923	0	34.00
35.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	8,316	0	35.00
36.00	RETAIL PHARMACY	194.01	0	86	0	36.00
	TOTALS		0	29,529		
N - DIETARY						
1.00	CAFETERIA	11.00	247,030	459,970	0	1.00
	TOTALS		247,030	459,970		
O - MAINTENANCE						
1.00	MAINTENANCE & REPAIRS	6.00	119,505	269,216	0	1.00
2.00	OPERATION OF PLANT	7.00	566,425	0	0	2.00
	TOTALS		685,930	269,216		
P - PATIENT SERVICE SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	843,315	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	63,983	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	190,869	0	3.00
4.00	OPERATING ROOM	50.00	0	6,468,934	0	4.00
5.00	ANESTHESIOLOGY	53.00	0	1,261,520	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	234,402	0	6.00
7.00	CT SCAN	57.00	0	14,592	0	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	611	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,288,431	0	9.00
10.00	LABORATORY	60.00	0	139,787	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	2,138,629	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	40,602	0	12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	36,550	0	13.00
14.00	SPEECH PATHOLOGY	68.00	0	73,507	0	14.00
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	692	0	15.00
16.00	ASC (NON-DISTINCT PART)	75.00	0	356	0	16.00
17.00	CLINIC	90.00	0	934,994	0	17.00
	TOTALS		0	13,731,774		
Q - BURN PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	10,356	0	1.00
	TOTALS		0	10,356		
R - EXTENDED RECOVERY						
1.00	ADULTS & PEDIATRICS	30.00	0	1,721,115	0	1.00
	TOTALS		0	1,721,115		
S - INFUSION						
1.00	RENAL DIALYSIS	74.00	110,176	165,884	0	1.00
	TOTALS		110,176	165,884		
T - FAMILY CENTER CARE						
1.00	ADMINISTRATIVE & GENERAL	5.00	34,617	16,765	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		34,617	16,765		
U - CAFETERIA DISCOUNT						
1.00	EMPLOYEE BENEFITS	4.00	0	1,288,247	0	1.00
	TOTALS		0	1,288,247		
W - EPOIETIN						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,842	0	1.00
	TOTALS		0	27,842		
X - PATIENT BILLABLE DRUGS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	40,897	0	1.00
2.00	CT SCAN	57.00	0	20,289	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	22,147	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	30,738	0	4.00
5.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	145,099	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	115	0	6.00
	TOTALS		0	259,285		
Y - AFFILIATE BILLING						
1.00	LABORATORY	60.00	0	292,835	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	TOTALS		0	292,835		

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/24/2013 7:47 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	Z - IMPLANTABLE DEVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,244	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	326	0		2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	4,161	0		3.00	
4.00	CORONARY CARE UNIT	32.00	0	215	0		4.00	
5.00	OPERATING ROOM	50.00	0	9,795,587	0		5.00	
6.00	ANESTHESIOLOGY	53.00	0	270	0		6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	1,071,367	0		7.00	
8.00	SPEECH PATHOLOGY	68.00	0	90,374	0		8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	204,192	0		9.00	
10.00	CLINIC	90.00	0	412,667	0		10.00	
	TOTALS		0	11,606,403				
500.00	Grand Total: Decreases		8,344,621	103,363,826			500.00	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2013 7:47 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - RENTAL EXPENSE						
1.00			0			1.00
2.00			0			2.00
3.00			0			3.00
4.00			0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00			0			10.00
11.00			0			11.00
12.00			0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00			0			18.00
19.00			0			19.00
20.00			0			20.00
21.00			0			21.00
22.00			0			22.00
23.00			0			23.00
24.00			0			24.00
25.00			0			25.00
26.00			0			26.00
27.00			0			27.00
28.00			0			28.00
			0			0
TOTALS						
B - CONVENIENCE CARE						
1.00			0			1.00
			0			0
TOTALS						
C - PROPERTY INSURANCE						
1.00			0			1.00
2.00			0			2.00
TOTALS						
D - OP TREATMENT ROOM						
1.00			0			1.00
TOTALS						
E - INTEREST EXPENSE						
1.00			0			1.00
2.00			0			2.00
TOTALS						
F - DEPRECIATION						
1.00			0			1.00
2.00			0			2.00
3.00			0			3.00
4.00			0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00			0			10.00
11.00			0			11.00
12.00			0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00			0			18.00
19.00			0			19.00
20.00			0			20.00
21.00			0			21.00
22.00			0			22.00
23.00			0			23.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2013 7:47 am

Increases				Decreases					
Cost Center	Line #	Salary		Cost Center	Line #	Salary			
2.00	3.00	4.00		6.00	7.00	8.00			
24.00	0.00			0	PHYSICAL THERAPY	66.00	0	24.00	
25.00	0.00			0	OCCUPATIONAL THERAPY	67.00	0	25.00	
26.00	0.00			0	SPEECH PATHOLOGY	68.00	0	26.00	
27.00	0.00			0	ELECTROENCEPHALOGRAPHY	70.00	0	27.00	
28.00	0.00			0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	28.00	
29.00	0.00			0	DRUGS CHARGED TO PATIENTS	73.00	0	29.00	
30.00	0.00			0	RENAL DIALYSIS	74.00	0	30.00	
31.00	0.00			0	ASC (NON-DISTINCT PART)	75.00	0	31.00	
32.00	0.00			0	CLINIC	90.00	0	32.00	
33.00	0.00			0	EMERGENCY	91.00	0	33.00	
34.00	0.00			0	AMBULANCE SERVICES	95.00	0	34.00	
35.00	0.00			0	RETAIL PHARMACY	194.01	0	35.00	
TOTALS				TOTALS				0	
G - PHERESIS									
1.00		63.00	373,305	RENAL DIALYSIS	74.00	373,305		1.00	
TOTALS				TOTALS				373,305	
H - INFECTION SURVEILLANCE									
1.00	INTENSIVE CARE UNIT	31.00	15,774	ADULTS & PEDIATRICS	30.00	72,506		1.00	
2.00	CORONARY CARE UNIT	32.00	9,290		0.00	0		2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	47,442		0.00	0		3.00	
TOTALS				TOTALS				72,506	
I - LIBRARY									
1.00	INTENSIVE CARE UNIT	31.00	0	ADULTS & PEDIATRICS	30.00	0		1.00	
2.00	CORONARY CARE UNIT	32.00	0		0.00	0		2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0		0.00	0		3.00	
TOTALS				TOTALS				0	
J - CENTRAL SERVICE									
1.00	CENTRAL SERVICES & SUPPLY	14.00	812,483	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	812,483		1.00	
TOTALS				TOTALS				812,483	
K - PHARMACY									
1.00	PHARMACY	15.00	6,008,574	DRUGS CHARGED TO PATIENTS	73.00	6,008,574		1.00	
TOTALS				TOTALS				6,008,574	
L - TEACHING SERVICE									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	ADMINISTRATIVE & GENERAL	5.00	0		1.00	
TOTALS				TOTALS				0	
M - TELEPHONE									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	EMPLOYEE BENEFITS	4.00	0		1.00	
2.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0		2.00	
3.00		0.00	0	OPERATION OF PLANT	7.00	0		3.00	
4.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0		4.00	
5.00		0.00	0	HOUSEKEEPING	9.00	0		5.00	
6.00		0.00	0	CAFETERIA	11.00	0		6.00	
7.00		0.00	0	NURSING ADMINISTRATION	13.00	0		7.00	
8.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0		8.00	
9.00		0.00	0	SOCIAL SERVICE	17.00	0		9.00	
10.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0		10.00	
11.00		0.00	0	ADULTS & PEDIATRICS	30.00	0		11.00	
12.00		0.00	0	INTENSIVE CARE UNIT	31.00	0		12.00	
13.00		0.00	0	CORONARY CARE UNIT	32.00	0		13.00	
14.00		0.00	0	NEONATAL INTENSIVE CARE UNIT	35.00	0		14.00	
15.00		0.00	0	OPERATING ROOM	50.00	0		15.00	
16.00		0.00	0	RECOVERY ROOM	51.00	0		16.00	
17.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0		17.00	
18.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0		18.00	
19.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0		19.00	
20.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0		20.00	
21.00		0.00	0	LABORATORY	60.00	0		21.00	
22.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0		22.00	
23.00		0.00	0	RESPIRATORY THERAPY	65.00	0		23.00	
24.00		0.00	0	PHYSICAL THERAPY	66.00	0		24.00	
25.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0		25.00	
26.00		0.00	0	SPEECH PATHOLOGY	68.00	0		26.00	
27.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0		27.00	
28.00		0.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0		28.00	
29.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0		29.00	
30.00		0.00	0	RENAL DIALYSIS	74.00	0		30.00	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2013 7:47 am

Increases				Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
31.00	2.00	3.00	4.00	6.00	7.00	8.00	
		0.00		ASC (NON-DI STINCT PART)	75.00	0	31.00
32.00		0.00		CLINIC	90.00	0	32.00
33.00		0.00		EMERGENCY	91.00	0	33.00
34.00		0.00		AMBULANCE SERVICES	95.00	0	34.00
35.00		0.00		OTHER NONREIMBURSABLE COST CENTERS	194.00	0	35.00
36.00		0.00		RETAIL PHARMACY	194.01	0	36.00
	TOTALS			TOTALS		0	
N - DIETARY							
1.00	DIETARY	10.00	247,030	CAFETERIA	11.00	247,030	1.00
	TOTALS		247,030	TOTALS		247,030	
O - MAINTENANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	685,930	MAINTENANCE & REPAIRS	6.00	119,505	1.00
2.00		0.00		OPERATION OF PLANT	7.00	566,425	2.00
	TOTALS		685,930	TOTALS		685,930	
P - PATIENT SERVICE 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		NEONATAL INTENSIVE CARE UNIT	35.00	0	3.00
4.00		0.00		OPERATING ROOM	50.00	0	4.00
5.00		0.00		ANESTHESIOLOGY	53.00	0	5.00
6.00		0.00		RADIOLOGY-THERAPEUTIC	55.00	0	6.00
7.00		0.00		CT SCAN	57.00	0	7.00
8.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8.00
9.00		0.00		CARDIAC CATHETERIZATION	59.00	0	9.00
10.00		0.00		LABORATORY	60.00	0	10.00
11.00		0.00		RESPIRATORY THERAPY	65.00	0	11.00
12.00		0.00		PHYSICAL THERAPY	66.00	0	12.00
13.00		0.00		OCCUPATIONAL THERAPY	67.00	0	13.00
14.00		0.00		SPEECH PATHOLOGY	68.00	0	14.00
15.00		0.00		DRUGS CHARGED TO PATIENTS	73.00	0	15.00
16.00		0.00		ASC (NON-DI STINCT PART)	75.00	0	16.00
17.00		0.00		CLINIC	90.00	0	17.00
	TOTALS			TOTALS		0	
Q - BURN PATIENTS							
1.00	CLINIC	90.00		ADULTS & PEDIATRICS	30.00	0	1.00
	TOTALS			TOTALS		0	
R - EXTENDED RECOVERY							
1.00	RECOVERY ROOM	51.00		ADULTS & PEDIATRICS	30.00	0	1.00
	TOTALS			TOTALS		0	
S - INFUSION							
1.00	CLINIC	90.00	110,176	RENAL DIALYSIS	74.00	110,176	1.00
	TOTALS		110,176	TOTALS		110,176	
T - FAMILY CENTER CARE							
1.00	INTENSIVE CARE UNIT	31.00	7,531	ADMINISTRATIVE & GENERAL	5.00	34,617	1.00
2.00	CORONARY CARE UNIT	32.00	4,435		0.00	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	22,651		0.00	0	3.00
	TOTALS		34,617	TOTALS		34,617	
U - CAFETERIA DISCOUNT							
1.00	CAFETERIA	11.00		EMPLOYEE BENEFITS	4.00	0	1.00
	TOTALS			TOTALS		0	
W - EPOI ETIN							
1.00	RENAL DIALYSIS	74.00		DRUGS CHARGED TO PATIENTS	73.00	0	1.00
	TOTALS			TOTALS		0	
X - PATIENT BILLABLE DRUGS							
1.00	DRUGS CHARGED TO PATIENTS	73.00		RADIOLOGY-THERAPEUTIC	55.00	0	1.00
2.00		0.00		CT SCAN	57.00	0	2.00
3.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3.00
4.00		0.00		CARDIAC CATHETERIZATION	59.00	0	4.00
5.00		0.00		BLOOD STORING, PROCESSING & TRANS.	63.00	0	5.00
6.00		0.00		RESPIRATORY THERAPY	65.00	0	6.00
	TOTALS			TOTALS		0	
Y - AFFILIATE BILLING							
1.00	OPERATING ROOM	50.00		LABORATORY	60.00	0	1.00
2.00	RECOVERY ROOM	51.00			0.00	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00			0.00	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00			0.00	0	4.00
5.00	CT SCAN	57.00			0.00	0	5.00
6.00	RESPIRATORY THERAPY	65.00			0.00	0	6.00
7.00	ELECTROCARDIOLOGY	69.00			0.00	0	7.00

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/24/2013 7:47 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
TOTALS			TOTALS			0
Z - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	ADMINISTRATIVE & GENERAL	5.00	0 1.00
2.00		0.00	0	ADULTS & PEDIATRICS	30.00	0 2.00
3.00		0.00	0	INTENSIVE CARE UNIT	31.00	0 3.00
4.00		0.00	0	CORONARY CARE UNIT	32.00	0 4.00
5.00		0.00	0	OPERATING ROOM	50.00	0 5.00
6.00		0.00	0	ANESTHESIOLOGY	53.00	0 6.00
7.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0 7.00
8.00		0.00	0	SPEECH PATHOLOGY	68.00	0 8.00
9.00		0.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 9.00
10.00		0.00	0	CLINIC	90.00	0 10.00
TOTALS			TOTALS			0
500.00	Grand Total: Increases	8,344,621	Grand Total: Decreases		8,344,621	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2013 7:47 am

	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	6,508,366	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	317,179,561	1,648,175	0	1,648,175	3.00
4.00	Building Improvements	15,666,057	12,871,693	0	12,871,693	4.00
5.00	Fixed Equipment	763,366	369,354	0	369,354	5.00
6.00	Movable Equipment	181,445,625	11,404,307	0	11,404,307	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	521,562,975	26,293,529	0	26,293,529	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	521,562,975	26,293,529	0	26,293,529	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,508,366	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	318,827,736	0			3.00
4.00	Building Improvements	18,807,190	0			4.00
5.00	Fixed Equipment	1,132,720	0			5.00
6.00	Movable Equipment	192,849,932	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	538,125,944	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	538,125,944	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	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	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	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: 263301

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,594,512	319,976	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,538,482	3,096,049	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,132,994	3,416,025	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	85,260	0	0	1,222,619	12,222,367	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,152	0	0	749,910	17,430,593	2.00
3.00	Total (sum of lines 1-2)	131,412	0	0	1,972,529	29,652,960	3.00

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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,909,244	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,033,494	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-12,255,194				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	32,430,411				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-6,113,518	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	B	-139,466	DRUGS CHARGED TO PATIENTS		73.00	0 17.00
18.00 Sale of medical records and abstracts	B	-403,731	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-48,062	CAFETERIA		11.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 NON ALLOWED DEPRECIATION	A	-2,914,877	ADMINISTRATIVE & GENERAL		5.00	0 33.00
34.00 OTHER OPERATING REVENUE	B	-135	EMPLOYEE BENEFITS		4.00	0 34.00
34.01 OTHER OPERATING REVENUE	B	-7,789,972	ADMINISTRATIVE & GENERAL		5.00	0 34.01
34.02		0			0.00	0 34.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:
5/24/2013 7:47 am

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	
34.03 OTHER OPERATING REVENUE	B	-92	OPERATION OF PLANT	7.00	0	34.03
34.04 OTHER OPERATING REVENUE	B	-57,881	HOUSEKEEPING	9.00	0	34.04
34.05 OTHER OPERATING REVENUE	B	-123,340	NURSING ADMINISTRATION	13.00	0	34.05
34.06 OTHER OPERATING REVENUE	B	-526,740	SOCIAL SERVICE	17.00	0	34.06
34.07 OTHER OPERATING REVENUE	B	-583,038	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.07
34.08 OTHER OPERATING REVENUE	B	-504,235	ADULTS & PEDIATRICS	30.00	0	34.08
34.09 OTHER OPERATING REVENUE	B	-7,413	INTENSIVE CARE UNIT	31.00	0	34.09
34.10 OTHER OPERATING REVENUE	B	-1,102	CORONARY CARE UNIT	32.00	0	34.10
34.11 OTHER OPERATING REVENUE	B	-31,789	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.11
34.12 OTHER OPERATING REVENUE	B	-800	OPERATING ROOM	50.00	0	34.12
34.13 OTHER OPERATING REVENUE	B	-42,572	RADIOLOGY-DIAGNOSTIC	54.00	0	34.13
34.14 OTHER OPERATING REVENUE	B	-32,017	CARDIAC CATHETERIZATION	59.00	0	34.14
34.15 OTHER OPERATING REVENUE	B	-1,367	RESPIRATORY THERAPY	65.00	0	34.15
34.16 OTHER OPERATING REVENUE	B	-22,083	PHYSICAL THERAPY	66.00	0	34.16
34.17 OTHER OPERATING REVENUE	B	-17,857	OCCUPATIONAL THERAPY	67.00	0	34.17
34.18 OTHER OPERATING REVENUE	B	-5,211	SPEECH PATHOLOGY	68.00	0	34.18
34.19 OTHER OPERATING REVENUE	B	-696	RENAL DIALYSIS	74.00	0	34.19
34.20 OTHER OPERATING REVENUE	B	-3,998	ASC (NON-DISTINCT PART)	75.00	0	34.20
34.21 OTHER OPERATING REVENUE	B	-331,059	CLINIC	90.00	0	34.21
34.22 OTHER OPERATING REVENUE	B	-15,475	AMBULANCE SERVICES	95.00	0	34.22
35.00 ENTERTAINMENT EXPENSE	B	-2,321	EMPLOYEE BENEFITS	4.00	0	35.00
35.01 ENTERTAINMENT EXPENSE	B	-485,952	ADMINISTRATIVE & GENERAL	5.00	0	35.01
35.02 ENTERTAINMENT EXPENSE	B	-1,196	OPERATION OF PLANT	7.00	0	35.02
35.03 ENTERTAINMENT EXPENSE	B	-6,448	HOUSEKEEPING	9.00	0	35.03
35.04 ENTERTAINMENT EXPENSE	B	-2,289	CAFETERIA	11.00	0	35.04
35.05 ENTERTAINMENT EXPENSE	B	-3,762	NURSING ADMINISTRATION	13.00	0	35.05
35.06 ENTERTAINMENT EXPENSE	B	-278	MEDICAL RECORDS & LIBRARY	16.00	0	35.06
35.07 ENTERTAINMENT EXPENSE	B	-214	SOCIAL SERVICE	17.00	0	35.07
35.08 ENTERTAINMENT EXPENSE	B	-23,530	ADULTS & PEDIATRICS	30.00	0	35.08
35.09 ENTERTAINMENT EXPENSE	B	-2,150	INTENSIVE CARE UNIT	31.00	0	35.09
35.10 ENTERTAINMENT EXPENSE	B	-3,010	CORONARY CARE UNIT	32.00	0	35.10
35.11 ENTERTAINMENT EXPENSE	B	-19,760	NEONATAL INTENSIVE CARE UNIT	35.00	0	35.11
35.12 ENTERTAINMENT EXPENSE	B	-4,540	OPERATING ROOM	50.00	0	35.12
35.13 ENTERTAINMENT EXPENSE	B	-1,642	RECOVERY ROOM	51.00	0	35.13
35.14 ENTERTAINMENT EXPENSE	B	-4,149	RADIOLOGY-DIAGNOSTIC	54.00	0	35.14
35.15 ENTERTAINMENT EXPENSE	B	-61	RADIOLOGY-THERAPEUTIC	55.00	0	35.15
35.16 ENTERTAINMENT EXPENSE	B	-483	LABORATORY	60.00	0	35.16
35.17 ENTERTAINMENT EXPENSE	B	-3,388	RESPIRATORY THERAPY	65.00	0	35.17
35.18 ENTERTAINMENT EXPENSE	B	-47	PHYSICAL THERAPY	66.00	0	35.18
35.19 ENTERTAINMENT EXPENSE	B	-182	OCCUPATIONAL THERAPY	67.00	0	35.19
35.20 ENTERTAINMENT EXPENSE	B	-1,479	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	35.20
35.21 ENTERTAINMENT EXPENSE	B	-2,175	DRUGS CHARGED TO PATIENTS	73.00	0	35.21
35.22 ENTERTAINMENT EXPENSE	B	-2,514	ASC (NON-DISTINCT PART)	75.00	0	35.22
35.23 ENTERTAINMENT EXPENSE	B	-1,267	CLINIC	90.00	0	35.23
35.24 ENTERTAINMENT EXPENSE	B	-3,055	EMERGENCY	91.00	0	35.24
35.25 ENTERTAINMENT EXPENSE	B	-18,427	AMBULANCE SERVICES	95.00	0	35.25
36.00 NON PATIENT CARE	B	-50,803	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01 NON PATIENT CARE	B	-76	LABORATORY	60.00	0	36.01
36.02 NON PATIENT CARE	B	-166	CLINIC	90.00	0	36.02
37.00 FRA	A	24,557,953	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 PENSION EXPENSE	B	734,177	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 MALPRACTICE	B	-247,088	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 CONTRIBUTIONS	B	-8,621,280	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 LOBBYING	B	-89,140	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 ADVERTISING	B	-1,678,471	ADMINISTRATIVE & GENERAL	5.00	0	42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		11,524,740				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 263301
 Period: From 01/01/2012 To 12/31/2012
 Worksheet A-8-1
 Date/Time Prepared: 5/24/2013 7:47 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	1,222,619	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	749,910	0
3.00	4.00	EMPLOYEE BENEFITS	SALARY-HO	675,007	0
4.00	4.00	EMPLOYEE BENEFITS	OTHER EXPENSE-HO	4,044,376	0
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY-HO	15,564,115	0
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-HO	10,946,322	0
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TOWER GROVE RAMP	1,105,650	656,000
4.04	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TFC	1,822,287	1,809,620
4.05	50.00	OPERATING ROOM	OTHER EXPENSE-LI THOTRIPSY	2,007	7,425
4.06	59.00	CARDIAC CATHETERIZATION	OTHER EXPENSE-AFFILIATE	461,879	390,055
4.07	60.00	LABORATORY	OTHER EXPENSE-AFFILIATE	1,482,595	2,867,198
4.08	63.00	BLOOD STORING, PROCESSING & TRANS.	OTHER EXPENSE-AFFILIATE	101,333	17,391
4.09	0.00			0	0
5.00	0			38,178,100	5,747,689

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

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

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

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

6.00	B		0.00	BJC HEALTHCARE	0.00	6.00
7.00	G	JOINT VENTURE	0.00	TELEPHONE FAC	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:	JOINT VENTURE				100.00

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

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

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

Provider CCN: 263301

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2013 7:47 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,222,619	14		1.00
2.00	749,910	14		2.00
3.00	675,007	0		3.00
4.00	4,044,376	0		4.00
4.01	15,564,115	0		4.01
4.02	10,946,322	0		4.02
4.03	449,650	0		4.03
4.04	12,667	0		4.04
4.05	-5,418	0		4.05
4.06	71,824	0		4.06
4.07	-1,384,603	0		4.07
4.08	83,942	0		4.08
4.09	0	0		4.09
5.00	32,430,411			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
		6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTH CARE		6.00
7.00	COMMUNICATIONS		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263301

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2013 7:47 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS	48,719	48,719	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,483,864	0	1,483,864	140,600	2,088	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,283,064	2,283,064	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	436,463	436,463	0	0	0	4.00
5.00	50.00	OPERATING ROOM	222,597	222,597	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	3,840,183	3,840,183	0	0	0	6.00
7.00	60.00	LABORATORY	1,223,000	1,223,000	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	161,544	161,544	0	0	0	8.00
9.00	90.00	CLINIC	508,730	508,730	0	0	0	9.00
10.00	91.00	EMERGENCY	1,858,927	1,858,927	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	329,244	329,244	0	0	0	11.00
200.00			12,396,335	10,912,471	1,483,864		2,088	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	141,141	7,057	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	11.00
200.00			141,141	7,057	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	48,719		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	141,141	1,342,723	1,342,723		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,283,064		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	436,463		4.00
5.00	50.00	OPERATING ROOM	0	0	0	222,597		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	3,840,183		6.00
7.00	60.00	LABORATORY	0	0	0	1,223,000		7.00
8.00	74.00	RENAL DIALYSIS	0	0	0	161,544		8.00
9.00	90.00	CLINIC	0	0	0	508,730		9.00
10.00	91.00	EMERGENCY	0	0	0	1,858,927		10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	329,244		11.00
200.00			0	141,141	1,342,723	12,255,194		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,222,367	12,222,367			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	17,430,593		17,430,593		2.00
4.00 00400	EMPLOYEE BENEFITS	6,852,328	22,747	32,440	6,907,515	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	86,295,675	4,746,863	6,769,603	1,597,309	99,409,450
6.00 00600	MAINTENANCE & REPAIRS	711,522	98,085	139,881	9,610	959,098
7.00 00700	OPERATION OF PLANT	5,360,720	230,687	328,988	45,551	5,965,946
8.00 00800	LAUNDRY & LINEN SERVICE	162,575	40,529	57,800	0	260,904
9.00 00900	HOUSEKEEPING	5,240,751	0	0	133,041	5,373,792
10.00 01000	DIETARY	707,000	160,294	228,599	10,653	1,106,546
11.00 01100	CAFETERIA	1,818,887	301,177	429,515	101,050	2,650,629
13.00 01300	NURSING ADMINISTRATION	6,443,355	63,664	90,792	196,799	6,794,610
14.00 01400	CENTRAL SERVICES & SUPPLY	5,361,045	0	0	35,039	5,396,084
15.00 01500	PHARMACY	14,386,054	0	0	259,126	14,645,180
16.00 01600	MEDICAL RECORDS & LIBRARY	2,481,734	115,208	164,300	79,945	2,841,187
17.00 01700	SOCIAL SERVICE	1,853,665	102,816	146,628	61,131	2,164,240
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,614,635	70,063	99,919	260,668	37,045,285
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	27,025,054	1,827,169	2,605,767	888,560	32,346,550
31.00 03100	INTENSIVE CARE UNIT	10,656,870	241,643	344,613	311,962	11,555,088
32.00 03200	CORONARY CARE UNIT	6,489,311	337,575	481,424	181,359	7,489,669
35.00 02061	NEONATAL INTENSIVE CARE UNIT	22,837,519	597,059	851,480	717,268	25,003,326
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,648,292	500,196	713,341	303,604	14,165,433
51.00 05100	RECOVERY ROOM	3,552,700	79,197	112,944	57,401	3,802,242
53.00 05300	ANESTHESIOLOGY	543,723	0	0	14,288	558,011
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,244,477	193,900	276,526	124,129	4,839,032
55.00 05500	RADIOLOGY-THERAPEUTIC	741,180	44,039	62,805	18,132	866,156
57.00 05700	CT SCAN	120,405	10,743	15,321	2,278	148,747
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	795,185	37,426	53,375	22,343	908,329
59.00 05900	CARDIAC CATHETERIZATION	1,614,594	84,530	120,550	36,864	1,856,538
60.00 06000	LABORATORY	14,225,778	233,033	332,334	200,801	14,991,946
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	4,325,440	16,444	23,452	36,325	4,401,661
65.00 06500	RESPIRATORY THERAPY	5,748,955	68,143	97,181	160,571	6,074,850
66.00 06600	PHYSICAL THERAPY	3,851,801	272,011	387,921	118,983	4,630,716
67.00 06700	OCCUPATIONAL THERAPY	1,196,491	0	0	40,065	1,236,556
68.00 06800	SPEECH PATHOLOGY	1,746,750	59,223	84,459	57,106	1,947,538
69.00 06900	ELECTROCARDIOLOGY	1,774,017	0	0	0	1,774,017
70.00 07000	ELECTROENCEPHALOGRAPHY	682,486	32,482	46,323	16,987	778,278
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,621,927	252,212	359,685	0	12,233,824
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,606,403	0	0	0	11,606,403
73.00 07300	DRUGS CHARGED TO PATIENTS	9,814,680	113,811	162,309	0	10,090,800
74.00 07400	RENAL DIALYSIS	148,692	60,561	86,368	2,560	298,181
75.00 07500	ASC (NON-DISTINCT PART)	3,154,711	251,882	359,215	98,775	3,864,583
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,378,162	445,143	634,828	234,015	10,692,148
91.00 09100	EMERGENCY	9,093,523	331,913	473,348	253,995	10,152,779
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	147	0	0	0	147
95.00 09500	AMBULANCE SERVICES	2,863,369	26,683	38,054	117,823	3,045,929
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	146,427	0	0	0	146,427
106.00 10600	HEART ACQUISITION	1,196,272	0	0	0	1,196,272
107.00 10700	LIVER ACQUISITION	518,961	0	0	0	518,961
108.00 10800	LUNG ACQUISITION	609,384	0	0	0	609,384
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	586,580	0	0	0	586,580
118.00	SUBTOTALS (SUM OF LINES 1-117)	389,503,172	12,069,151	17,212,088	6,806,116	389,030,052
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,140	27,296	0	46,436
192.00 19200	PHYSICIANS' PRIVATE OFFICES	4,043	0	0	0	4,043
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	3,469,792	121,878	173,814	79,606	3,845,090
194.01 07951	RETAIL PHARMACY	5,061,071	12,198	17,395	21,793	5,112,457
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	398,038,078	12,222,367	17,430,593	6,907,515	398,038,078

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B Part I Date/Time Prepared: 5/24/2013 7:47 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	99,409,450				5.00
6.00	00600	MAINTENANCE & REPAIRS	319,271	1,278,369			6.00
7.00	00700	OPERATION OF PLANT	1,985,986	40,097	7,992,029		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,852	7,045	45,468	400,269	8.00
9.00	00900	HOUSEKEEPING	1,788,865	0	0	0	7,162,657
10.00	01000	DIETARY	368,355	27,862	179,825	0	162,086
11.00	01100	CAFETERIA	882,360	52,350	337,874	0	304,544
13.00	01300	NURSING ADMINISTRATION	2,261,837	11,066	71,421	0	64,376
14.00	01400	CENTRAL SERVICES & SUPPLY	1,796,286	0	0	0	0
15.00	01500	PHARMACY	4,875,190	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	945,794	20,025	129,245	0	116,496
17.00	01700	SOCIAL SERVICE	720,447	17,871	115,344	0	103,966
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,331,758	12,178	78,600	0	70,847
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,767,746	317,595	2,049,807	243,421	1,847,597
31.00	03100	INTENSIVE CARE UNIT	3,846,539	42,002	271,087	38,900	244,345
32.00	03200	CORONARY CARE UNIT	2,493,213	58,676	378,708	0	341,350
35.00	02061	NEONATAL INTENSIVE CARE UNIT	8,323,282	103,779	669,810	53,949	603,735
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,715,488	86,943	561,144	6,831	505,789
51.00	05100	RECOVERY ROOM	1,265,717	13,766	88,847	2,096	80,082
53.00	05300	ANESTHESIOLOGY	185,755	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,610,851	33,703	217,527	11,413	196,068
55.00	05500	RADIOLOGY-THERAPEUTIC	288,332	7,655	49,405	1,307	44,532
57.00	05700	CT SCAN	49,516	1,867	12,052	983	10,863
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	302,371	6,505	41,987	7,686	37,845
59.00	05900	CARDIAC CATHETERIZATION	618,017	14,693	94,829	5,948	85,475
60.00	06000	LABORATORY	4,990,624	40,505	261,428	0	235,639
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,465,256	2,858	18,448	0	16,628
65.00	06500	RESPIRATORY THERAPY	2,022,239	11,844	76,446	0	68,905
66.00	06600	PHYSICAL THERAPY	1,541,505	47,280	305,155	3,375	275,052
67.00	06700	OCCUPATIONAL THERAPY	411,633	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	648,310	10,294	66,439	0	59,885
69.00	06900	ELECTROCARDIOLOGY	590,547	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	259,079	5,646	36,439	652	32,845
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,072,481	43,839	282,943	0	255,032
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,863,621	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,359,096	19,782	127,679	0	115,084
74.00	07400	RENAL DIALYSIS	99,261	10,527	67,940	492	61,238
75.00	07500	ASC (NON-DISTINCT PART)	1,286,469	43,781	282,574	3,159	254,698
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,559,277	77,373	499,382	4,832	450,120
91.00	09100	EMERGENCY	3,379,728	57,692	372,356	15,225	335,624
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	49	0	0	0	0
95.00	09500	AMBULANCE SERVICES	1,013,950	4,638	29,935	0	26,982
98.00	09500	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	48,744	0	0	0	0
106.00	10600	HEART ACQUISITION	398,223	0	0	0	0
107.00	10700	LIVER ACQUISITION	172,755	0	0	0	0
108.00	10800	LUNG ACQUISITION	202,856	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	195,265	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,410,796	1,251,737	7,820,144	400,269	7,007,728
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,458	3,327	21,472	0	19,354
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,346	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,279,980	21,185	136,729	0	123,241
194.01	07951	RETAIL PHARMACY	1,701,870	2,120	13,684	0	12,334
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	99,409,450	1,278,369	7,992,029	400,269	7,162,657

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,844,674					10.00
11.00	01100	1,615,232	5,842,989				11.00
13.00	01300	0	174,320	9,377,630			13.00
14.00	01400	0	0	0	7,192,370		14.00
15.00	01500	0	0	0	0	19,520,370	15.00
16.00	01600	0	130,078	3,732	0	0	16.00
17.00	01700	0	75,665	0	0	0	17.00
22.00	02200	0	345,407	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	158,718	1,258,790	2,823,486	0	0	30.00
31.00	03100	30,270	365,487	1,082,211	0	0	31.00
32.00	03200	17,827	206,461	697,130	0	0	32.00
35.00	02061	0	744,639	1,961,293	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	288,258	857,771	0	0	50.00
51.00	05100	0	54,710	181,398	0	0	51.00
53.00	05300	0	27,731	0	0	0	53.00
54.00	05400	0	157,575	136	0	0	54.00
55.00	05500	0	17,886	33,798	0	0	55.00
57.00	05700	0	2,300	0	0	0	57.00
58.00	05800	0	25,462	0	0	0	58.00
59.00	05900	0	35,882	86,961	0	0	59.00
60.00	06000	0	260,201	0	0	0	60.00
63.00	06300	0	21,970	0	0	0	63.00
65.00	06500	0	195,420	0	0	0	65.00
66.00	06600	0	139,012	35,077	0	0	66.00
67.00	06700	0	44,380	955	0	0	67.00
68.00	06800	0	65,941	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	27,173	0	0	0	70.00
71.00	07100	0	69,105	0	7,192,370	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	228,523	0	0	19,486,906	73.00
74.00	07400	0	24,801	63,044	0	33,464	74.00
75.00	07500	0	93,592	244,902	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	247,228	223,644	0	0	90.00
91.00	09100	0	285,524	656,240	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	118,708	315,805	0	0	95.00
98.00	09550	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		1,822,047	5,732,229	9,267,583	7,192,370	19,520,370	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	22,627	88,911	110,047	0	0	194.00
194.01	07951	0	21,849	0	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,844,674	5,842,989	9,377,630	7,192,370	19,520,370	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,186,557					16.00
17.00 01700 SOCIAL SERVICE	0	3,197,533				17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	49,884,075			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	165,288	1,269,012	15,973,368	69,221,378	-15,973,368	30.00
31.00 03100 INTENSIVE CARE UNIT	31,520	242,086	3,530,005	21,279,540	-3,530,005	31.00
32.00 03200 CORONARY CARE UNIT	18,578	142,475	1,954,911	13,798,998	-1,954,911	32.00
35.00 02061 NEONATAL INTENSIVE CARE UNIT	94,846	727,890	4,731,519	43,018,068	-4,731,519	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	4,388,675	25,576,332	-4,388,675	50.00
51.00 05100 RECOVERY ROOM	0	0	0	5,488,858	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	771,497	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,692,395	8,758,700	-1,692,395	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	750,427	2,059,498	-750,427	55.00
57.00 05700 CT SCAN	0	0	0	226,328	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,330,185	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	1,284,813	4,083,156	-1,284,813	59.00
60.00 06000 LABORATORY	0	0	0	20,780,343	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,926,821	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	8,449,704	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	6,977,172	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,693,524	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,798,407	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2,364,564	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	367,492	1,507,604	-367,492	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,149,594	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,470,024	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	33,427,870	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	148,185	807,133	-176,045	74.00
75.00 07500 ASC (NON-DISTINCT PART)	34,529	0	1,204,484	7,312,771	-1,204,484	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2,565,575	539,692	10,522,307	29,381,578	-10,522,307	90.00
91.00 09100 EMERGENCY	1,276,221	276,378	3,335,494	20,143,261	-3,335,494	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	196	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	4,555,947	0	95.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	195,171	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	1,594,495	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	691,716	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	812,240	0	108.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	781,845	0	112.00
118.00	4,186,557	3,197,533	49,884,075	385,434,518	-49,911,935	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	106,047	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	5,389	0	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	5,627,810	0	194.00
194.01 07951 RETAIL PHARMACY	0	0	0	6,864,314	0	194.01
200.00				0	0	200.00
201.00				0	0	201.00
202.00	4,186,557	3,197,533	49,884,075	398,038,078	-49,911,935	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	53,248,010	30.00
31.00	03100 INTENSIVE CARE UNIT	17,749,535	31.00
32.00	03200 CORONARY CARE UNIT	11,844,087	32.00
35.00	02061 NEONATAL INTENSIVE CARE UNIT	38,286,549	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	21,187,657	50.00
51.00	05100 RECOVERY ROOM	5,488,858	51.00
53.00	05300 ANESTHESIOLOGY	771,497	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,066,305	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,309,071	55.00
57.00	05700 CT SCAN	226,328	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,330,185	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,798,343	59.00
60.00	06000 LABORATORY	20,780,343	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,926,821	63.00
65.00	06500 RESPIRATORY THERAPY	8,449,704	65.00
66.00	06600 PHYSICAL THERAPY	6,977,172	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,693,524	67.00
68.00	06800 SPEECH PATHOLOGY	2,798,407	68.00
69.00	06900 ELECTROCARDIOLOGY	2,364,564	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,140,112	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,149,594	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,470,024	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33,427,870	73.00
74.00	07400 RENAL DIALYSIS	631,088	74.00
75.00	07500 ASC (NON-DISTINCT PART)	6,108,287	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	18,859,271	90.00
91.00	09100 EMERGENCY	16,807,767	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	196	94.00
95.00	09500 AMBULANCE SERVICES	4,555,947	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	195,171	105.00
106.00	10600 HEART ACQUISITION	1,594,495	106.00
107.00	10700 LIVER ACQUISITION	691,716	107.00
108.00	10800 LUNG ACQUISITION	812,240	108.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)	781,845	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	335,522,583	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	106,047	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,389	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	5,627,810	194.00
194.01	07951 RETAIL PHARMACY	6,864,314	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	348,126,143	202.00

COST ALLOCATION STATISTICS

Provider CCN: 263301

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

Worksheet Non-CMS W
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	21	ASSIGNED TIME	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	TIME SPENT	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263301

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	2,481	22,747	32,440	57,668	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	92,115	4,746,863	6,769,603	11,608,581	5.00
6.00 00600	MAINTENANCE & REPAIRS	4,895	98,085	139,881	242,861	6.00
7.00 00700	OPERATION OF PLANT	5,703	230,687	328,988	565,378	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	72	40,529	57,800	98,401	8.00
9.00 00900	HOUSEKEEPING	3,321	0	0	3,321	9.00
10.00 01000	DIETARY	0	160,294	228,599	388,893	10.00
11.00 01100	CAFETERIA	5,074	301,177	429,515	735,766	11.00
13.00 01300	NURSING ADMINISTRATION	15,337	63,664	90,792	169,793	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,645	115,208	164,300	287,153	16.00
17.00 01700	SOCIAL SERVICE	5,739	102,816	146,628	255,183	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,939	70,063	99,919	183,921	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	56,305	1,827,169	2,605,767	4,489,241	30.00
31.00 03100	INTENSIVE CARE UNIT	10,555	241,643	344,613	596,811	31.00
32.00 03200	CORONARY CARE UNIT	3,393	337,575	481,424	822,392	32.00
35.00 02061	NEONATAL INTENSIVE CARE UNIT	28,144	597,059	851,480	1,476,683	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,149	500,196	713,341	1,232,686	50.00
51.00 05100	RECOVERY ROOM	3,426	79,197	112,944	195,567	51.00
53.00 05300	ANESTHESIOLOGY	313	0	0	313	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,632	193,900	276,526	481,058	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,419	44,039	62,805	108,263	55.00
57.00 05700	CT SCAN	0	10,743	15,321	26,064	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	614	37,426	53,375	91,415	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,787	84,530	120,550	207,867	59.00
60.00 06000	LABORATORY	9,353	233,033	332,334	574,720	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	896	16,444	23,452	40,792	63.00
65.00 06500	RESPIRATORY THERAPY	4,135	68,143	97,181	169,459	65.00
66.00 06600	PHYSICAL THERAPY	15,134	272,011	387,921	675,066	66.00
67.00 06700	OCCUPATIONAL THERAPY	27	0	0	27	67.00
68.00 06800	SPEECH PATHOLOGY	2,355	59,223	84,459	146,037	68.00
69.00 06900	ELECTROCARDIOLOGY	2,684	0	0	2,684	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	32,482	46,323	78,805	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,164	252,212	359,685	616,061	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,069	113,811	162,309	285,189	73.00
74.00 07400	RENAL DIALYSIS	2,869	60,561	86,368	149,798	74.00
75.00 07500	ASC (NON-DISTINCT PART)	9,294	251,882	359,215	620,391	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	16,904	445,143	634,828	1,096,875	90.00
91.00 09100	EMERGENCY	15,408	331,913	473,348	820,669	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	5,139	26,683	38,054	69,876	95.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	390,489	12,069,151	17,212,088	29,671,728	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,140	27,296	46,436	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	6,364	121,878	173,814	302,056	194.00
194.01 07951	RETAIL PHARMACY	1,047	12,198	17,395	30,640	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	397,900	12,222,367	17,430,593	30,050,860	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 7:47 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	11,621,924			5.00		
6.00	00600	MAINTENANCE & REPAIRS	37,326	280,267		6.00		
7.00	00700	OPERATION OF PLANT	232,183	8,791	806,732	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	10,154	1,544	4,590	114,689	8.00	
9.00	00900	HOUSEKEEPING	209,137	0	0	213,569	9.00	
10.00	01000	DIETARY	43,065	6,108	18,152	0	4,833	10.00
11.00	01100	CAFETERIA	103,157	11,477	34,106	0	9,081	11.00
13.00	01300	NURSING ADMINISTRATION	264,433	2,426	7,209	0	1,919	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210,005	0	0	0	0	14.00
15.00	01500	PHARMACY	569,961	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	110,573	4,390	13,046	0	3,474	16.00
17.00	01700	SOCIAL SERVICE	84,228	3,918	11,643	0	3,100	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,441,622	2,670	7,934	0	2,112	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,258,863	69,631	206,911	69,746	55,089	30.00
31.00	03100	INTENSIVE CARE UNIT	449,701	9,208	27,364	11,146	7,286	31.00
32.00	03200	CORONARY CARE UNIT	291,483	12,864	38,228	0	10,178	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	973,079	22,752	67,612	15,458	18,002	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	551,290	19,061	56,643	1,957	15,081	50.00
51.00	05100	RECOVERY ROOM	147,976	3,018	8,968	601	2,388	51.00
53.00	05300	ANESTHESIOLOGY	21,717	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	188,325	7,389	21,958	3,270	5,846	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	33,709	1,678	4,987	375	1,328	55.00
57.00	05700	CT SCAN	5,789	409	1,217	282	324	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,350	1,426	4,238	2,202	1,128	58.00
59.00	05900	CARDIAC CATHETERIZATION	72,253	3,221	9,572	1,704	2,549	59.00
60.00	06000	LABORATORY	583,457	8,880	26,389	0	7,026	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	171,304	627	1,862	0	496	63.00
65.00	06500	RESPIRATORY THERAPY	236,421	2,597	7,717	0	2,055	65.00
66.00	06600	PHYSICAL THERAPY	180,218	10,366	30,803	967	8,201	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,124	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	75,794	2,257	6,707	0	1,786	68.00
69.00	06900	ELECTROCARDIOLOGY	69,041	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,289	1,238	3,678	187	979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	476,116	9,611	28,561	0	7,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	451,698	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	392,714	4,337	12,888	0	3,431	73.00
74.00	07400	RENAL DIALYSIS	11,605	2,308	6,858	141	1,826	74.00
75.00	07500	ASC (NON-DISTINCT PART)	150,402	9,599	28,524	905	7,594	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	416,117	16,963	50,409	1,385	13,421	90.00
91.00	09100	EMERGENCY	395,126	12,648	37,586	4,363	10,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	6	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	118,541	1,017	3,022	0	805	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,699	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	46,557	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	20,197	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	23,716	0	0	0	0	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	22,829	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,271,350	274,429	789,382	114,689	208,949	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,807	729	2,167	0	577	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	157	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	149,643	4,644	13,802	0	3,675	194.00
194.01	07951	RETAIL PHARMACY	198,967	465	1,381	0	368	194.01
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)	11,621,924	280,267	806,732	114,689	213,569	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 7:47 am
-------------------------------------	--	----------------------	---	--

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	461,140					10.00
11.00	01100	403,783	1,298,214				11.00
13.00	01300	0	38,731	486,154			13.00
14.00	01400	0	0	0	210,297		14.00
15.00	01500	0	0	0	0	572,124	15.00
16.00	01600	0	28,901	193	0	0	16.00
17.00	01700	0	16,811	0	0	0	17.00
22.00	02200	0	76,743	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	39,677	279,686	146,376	0	0	30.00
31.00	03100	7,567	81,205	56,104	0	0	31.00
32.00	03200	4,457	45,872	36,141	0	0	32.00
35.00	02061	0	165,446	101,677	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	64,046	44,468	0	0	50.00
51.00	05100	0	12,156	9,404	0	0	51.00
53.00	05300	0	6,161	0	0	0	53.00
54.00	05400	0	35,010	7	0	0	54.00
55.00	05500	0	3,974	1,752	0	0	55.00
57.00	05700	0	511	0	0	0	57.00
58.00	05800	0	5,657	0	0	0	58.00
59.00	05900	0	7,972	4,508	0	0	59.00
60.00	06000	0	57,812	0	0	0	60.00
63.00	06300	0	4,881	0	0	0	63.00
65.00	06500	0	43,419	0	0	0	65.00
66.00	06600	0	30,886	1,818	0	0	66.00
67.00	06700	0	9,860	50	0	0	67.00
68.00	06800	0	14,651	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	6,037	0	0	0	70.00
71.00	07100	0	15,354	0	210,297	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	50,774	0	0	571,143	73.00
74.00	07400	0	5,510	3,268	0	981	74.00
75.00	07500	0	20,795	12,696	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	54,930	11,594	0	0	90.00
91.00	09100	0	63,439	34,021	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	26,375	16,372	0	0	95.00
98.00	09550	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		455,484	1,273,605	480,449	210,297	572,124	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	5,656	19,754	5,705	0	0	194.00
194.01	07951	0	4,855	0	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		461,140	1,298,214	486,154	210,297	572,124	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/24/2013 7:47 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	448,397				16.00
17.00	01700	SOCIAL SERVICE	0	375,393			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,717,178		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,703	148,983		6,789,323	0 30.00
31.00	03100	INTENSIVE CARE UNIT	3,376	28,421		1,280,793	0 31.00
32.00	03200	CORONARY CARE UNIT	1,990	16,727		1,281,846	0 32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	10,158	85,455		2,942,309	0 35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0		1,987,766	0 50.00
51.00	05100	RECOVERY ROOM	0	0		380,557	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0		28,310	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		743,899	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		156,217	0 55.00
57.00	05700	CT SCAN	0	0		34,615	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		141,603	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		309,954	0 59.00
60.00	06000	LABORATORY	0	0		1,259,960	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		220,265	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0		463,008	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0		939,318	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		58,395	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0		247,709	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		71,725	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		121,355	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		1,363,604	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		451,698	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		1,320,476	0 73.00
74.00	07400	RENAL DIALYSIS	0	0		182,316	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,698	0		855,429	0 75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	274,784	63,360		2,001,791	0 90.00
91.00	09100	EMERGENCY	136,688	32,447		1,549,114	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0		6	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0		236,992	0 95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		0	0 98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0		5,699	0 105.00
106.00	10600	HEART ACQUISITION	0	0		46,557	0 106.00
107.00	10700	LIVER ACQUISITION	0	0		20,197	0 107.00
108.00	10800	LUNG ACQUISITION	0	0		23,716	0 108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		22,829	0 112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	448,397	375,393	0	27,539,351	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		51,716	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		157	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		505,600	0 194.00
194.01	07951	RETAIL PHARMACY	0	0		236,858	0 194.01
200.00		Cross Foot Adjustments			1,717,178	1,717,178	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	448,397	375,393	1,717,178	30,050,860	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/24/2013 7:47 am
-------------------------------------	--	----------------------	---	--

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,789,323	30.00
31.00	03100 INTENSIVE CARE UNIT	1,280,793	31.00
32.00	03200 CORONARY CARE UNIT	1,281,846	32.00
35.00	02061 NEONATAL INTENSIVE CARE UNIT	2,942,309	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,987,766	50.00
51.00	05100 RECOVERY ROOM	380,557	51.00
53.00	05300 ANESTHESIOLOGY	28,310	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	743,899	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	156,217	55.00
57.00	05700 CT SCAN	34,615	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	141,603	58.00
59.00	05900 CARDIAC CATHETERIZATION	309,954	59.00
60.00	06000 LABORATORY	1,259,960	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	220,265	63.00
65.00	06500 RESPIRATORY THERAPY	463,008	65.00
66.00	06600 PHYSICAL THERAPY	939,318	66.00
67.00	06700 OCCUPATIONAL THERAPY	58,395	67.00
68.00	06800 SPEECH PATHOLOGY	247,709	68.00
69.00	06900 ELECTROCARDIOLOGY	71,725	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	121,355	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,363,604	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	451,698	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,320,476	73.00
74.00	07400 RENAL DIALYSIS	182,316	74.00
75.00	07500 ASC (NON-DISTINCT PART)	855,429	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2,001,791	90.00
91.00	09100 EMERGENCY	1,549,114	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	6	94.00
95.00	09500 AMBULANCE SERVICES	236,992	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	5,699	105.00
106.00	10600 HEART ACQUISITION	46,557	106.00
107.00	10700 LIVER ACQUISITION	20,197	107.00
108.00	10800 LUNG ACQUISITION	23,716	108.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)	22,829	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,539,351	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,716	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	157	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	505,600	194.00
194.01	07951 RETAIL PHARMACY	236,858	194.01
200.00	Cross Foot Adjustments	1,717,178	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	30,050,860	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	630,280					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		630,280				2.00
4.00 00400	EMPLOYEE BENEFITS	1,173	1,173	160,169,312			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	244,785	244,785	37,036,897	-99,409,450	298,628,628	5.00
6.00 00600	MAINTENANCE & REPAIRS	5,058	5,058	222,844	0	959,098	6.00
7.00 00700	OPERATION OF PLANT	11,896	11,896	1,056,226	0	5,965,946	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,090	2,090	0	0	260,904	8.00
9.00 00900	HOUSEKEEPING	0	0	3,084,946	0	5,373,792	9.00
10.00 01000	DIETARY	8,266	8,266	247,030	0	1,106,546	10.00
11.00 01100	CAFETERIA	15,531	15,531	2,343,142	0	2,650,629	11.00
13.00 01300	NURSING ADMINISTRATION	3,283	3,283	4,563,349	0	6,794,610	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	812,483	0	5,396,084	14.00
15.00 01500	PHARMACY	0	0	6,008,574	0	14,645,180	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	1,853,746	0	2,841,187	16.00
17.00 01700	SOCIAL SERVICE	5,302	5,302	1,417,505	0	2,164,240	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,613	3,613	6,044,334	0	37,045,285	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	94,223	94,223	20,603,822	0	32,346,550	30.00
31.00 03100	INTENSIVE CARE UNIT	12,461	12,461	7,233,742	0	11,555,088	31.00
32.00 03200	CORONARY CARE UNIT	17,408	17,408	4,205,336	0	7,489,669	32.00
35.00 02061	NEONATAL INTENSIVE CARE UNIT	30,789	30,789	16,631,922	0	25,003,326	35.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	25,794	25,794	7,039,937	0	14,165,433	50.00
51.00 05100	RECOVERY ROOM	4,084	4,084	1,331,014	0	3,802,242	51.00
53.00 05300	ANESTHESIOLOGY	0	0	331,313	0	558,011	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,999	9,999	2,878,297	0	4,839,032	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,271	2,271	420,446	0	866,156	55.00
57.00 05700	CT SCAN	554	554	52,811	0	148,747	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	518,098	0	908,329	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,359	4,359	854,796	0	1,856,538	59.00
60.00 06000	LABORATORY	12,017	12,017	4,656,136	0	14,991,946	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	848	848	842,294	0	4,401,661	63.00
65.00 06500	RESPIRATORY THERAPY	3,514	3,514	3,723,308	0	6,074,850	65.00
66.00 06600	PHYSICAL THERAPY	14,027	14,027	2,758,953	0	4,630,716	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	929,021	0	1,236,556	67.00
68.00 06800	SPEECH PATHOLOGY	3,054	3,054	1,324,158	0	1,947,538	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	1,774,017	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,675	1,675	393,901	0	778,278	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,006	13,006	0	0	12,233,824	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,606,403	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,869	5,869	0	0	10,090,800	73.00
74.00 07400	RENAL DIALYSIS	3,123	3,123	59,350	0	298,181	74.00
75.00 07500	ASC (NON-DISTINCT PART)	12,989	12,989	2,290,379	0	3,864,583	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	22,955	22,955	5,426,306	0	10,692,148	90.00
91.00 09100	EMERGENCY	17,116	17,116	5,889,610	0	10,152,779	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	147	94.00
95.00 09500	AMBULANCE SERVICES	1,376	1,376	2,732,071	0	3,045,929	95.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	146,427	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	1,196,272	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	518,961	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	609,384	108.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	586,580	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	622,379	622,379	157,818,097	-99,409,450	289,620,602	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	0	46,436	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,043	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	6,285	6,285	1,845,886	0	3,845,090	194.00
194.01 07951	RETAIL PHARMACY	629	629	505,329	0	5,112,457	194.01
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)	12,222,367	17,430,593	6,907,515		99,409,450	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.391964	27.655317	0.043126		0.332887	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			57,668	5A	11,621,924	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000360		0.038918	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	379,264				6.00	
7.00	00700	OPERATION OF PLANT	11,896	367,368			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,090	2,090	1,597,192		8.00	
9.00	00900	HOUSEKEEPING	0	0	0	365,278	9.00	
10.00	01000	DIETARY	8,266	8,266	0	8,266	1,576,213	10.00
11.00	01100	CAFETERIA	15,531	15,531	0	15,531	1,380,162	11.00
13.00	01300	NURSING ADMINISTRATION	3,283	3,283	0	3,283	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	0	5,941	0	16.00
17.00	01700	SOCIAL SERVICE	5,302	5,302	0	5,302	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,613	3,613	0	3,613	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,223	94,223	971,321	94,223	135,619	30.00
31.00	03100	INTENSIVE CARE UNIT	12,461	12,461	155,221	12,461	25,865	31.00
32.00	03200	CORONARY CARE UNIT	17,408	17,408	0	17,408	15,233	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	30,789	30,789	215,274	30,789	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,794	25,794	27,258	25,794	0	50.00
51.00	05100	RECOVERY ROOM	4,084	4,084	8,364	4,084	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,999	9,999	45,540	9,999	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,271	2,271	5,217	2,271	0	55.00
57.00	05700	CT SCAN	554	554	3,921	554	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	30,668	1,930	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,359	4,359	23,733	4,359	0	59.00
60.00	06000	LABORATORY	12,017	12,017	0	12,017	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	848	848	0	848	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,514	3,514	0	3,514	0	65.00
66.00	06600	PHYSICAL THERAPY	14,027	14,027	13,468	14,027	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,054	3,054	0	3,054	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,675	1,675	2,602	1,675	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,006	13,006	0	13,006	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,869	5,869	0	5,869	0	73.00
74.00	07400	RENAL DIALYSIS	3,123	3,123	1,963	3,123	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	12,989	12,989	12,607	12,989	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,955	22,955	19,281	22,955	0	90.00
91.00	09100	EMERGENCY	17,116	17,116	60,754	17,116	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,376	1,376	0	1,376	0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	371,363	359,467	1,597,192	357,377	1,556,879	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	987	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,285	6,285	0	6,285	19,334	194.00
194.01	07951	RETAIL PHARMACY	629	629	0	629	0	194.01
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)	1,278,369	7,992,029	400,269	7,162,657	1,844,674	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.370657	21.754832	0.250608	19.608783	1.170320	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	280,267	806,732	114,689	213,569	461,140	204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 263301			Period: From 01/01/2012 To 12/31/2012		Worksheet B-1 Date/Time Prepared: 5/24/2013 7:47 am	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.738976	2.195978	0.071807	0.584675	0.292562	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,937,787					11.00
13.00	01300	117,480	1,590,698				13.00
14.00	01400	0	0	63,906,919			14.00
15.00	01500	0	0	0	16,240,856		15.00
16.00	01600	87,664	633	0	0	87,663	16.00
17.00	01700	50,993	0	0	0	0	17.00
22.00	02200	232,781	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	848,343	478,939	0	0	3,461	30.00
31.00	03100	246,314	183,572	0	0	660	31.00
32.00	03200	139,141	118,252	0	0	389	32.00
35.00	02061	501,837	332,688	0	0	1,986	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	194,267	145,501	0	0	0	50.00
51.00	05100	36,871	30,770	0	0	0	51.00
53.00	05300	18,689	0	0	0	0	53.00
54.00	05400	106,195	23	0	0	0	54.00
55.00	05500	12,054	5,733	0	0	0	55.00
57.00	05700	1,550	0	0	0	0	57.00
58.00	05800	17,160	0	0	0	0	58.00
59.00	05900	24,182	14,751	0	0	0	59.00
60.00	06000	175,358	0	0	0	0	60.00
63.00	06300	14,806	0	0	0	0	63.00
65.00	06500	131,700	0	0	0	0	65.00
66.00	06600	93,685	5,950	0	0	0	66.00
67.00	06700	29,909	162	0	0	0	67.00
68.00	06800	44,440	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	18,313	0	0	0	0	70.00
71.00	07100	46,572	0	63,906,919	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	154,009	0	0	16,213,014	0	73.00
74.00	07400	16,714	10,694	0	27,842	0	74.00
75.00	07500	63,075	41,542	0	0	723	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	166,615	37,936	0	0	53,721	90.00
91.00	09100	192,424	111,316	0	0	26,723	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	80,001	53,569	0	0	0	95.00
98.00	05950	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		3,863,142	1,572,031	63,906,919	16,240,856	87,663	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	59,920	18,667	0	0	0	194.00
194.01	07951	14,725	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		5,842,989	9,377,630	7,192,370	19,520,370	4,186,557	202.00
203.00		1.483826	5.895293	0.112544	1.201930	47.757400	203.00
204.00		1,298,214	486,154	210,297	572,124	448,397	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.329681	0.305623	0.003291	0.035227	5.115009	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/24/2013 7:47 am

Line	Code	Cost Center Description	INTERNS & RESIDENTS		Total
			SOCIAL SERVICE	SERVICES-OTHER	
			(TIME SPENT)	(TIME SPENT)	
			17.00	22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	15,665		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	335,961	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	6,217	107,578	30.00
31.00	03100	INTENSIVE CARE UNIT	1,186	23,774	31.00
32.00	03200	CORONARY CARE UNIT	698	13,166	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	3,566	31,866	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	29,557	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	11,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,054	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,653	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,475	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	998	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	8,112	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2,644	70,866	90.00
91.00	09100	EMERGENCY	1,354	22,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,665	335,961	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	194.01
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)	3,197,533	49,884,075	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	204.119566	148.481743	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	375,393	1,717,178	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS (TIME SPENT)		
205.00 Unit cost multiplier (Wkst. B, Part II)	23.963805	5.111242		205.00

Provider CCN: 263301

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

Worksheet B-2

Date/Time Prepared:
5/24/2013 7:47 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	-16,988	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	-10,872	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263301

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 7:47 am

			Title XVIII		Hospital		Tefra		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	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	53,248,010		53,248,010	0	0	43,354,401	30.00
31.00	03100	INTENSIVE CARE UNIT	17,749,535		17,749,535	0	0	20,054,126	31.00
32.00	03200	CORONARY CARE UNIT	11,844,087		11,844,087	0	0	12,290,015	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	38,286,549		38,286,549	0	0	58,990,199	35.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,187,657		21,187,657	0	0	32,214,223	50.00
51.00	05100	RECOVERY ROOM	5,488,858		5,488,858	0	0	2,601,020	51.00
53.00	05300	ANESTHESIOLOGY	771,497		771,497	0	0	5,515,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,066,305		7,066,305	0	0	13,281,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,309,071		1,309,071	0	0	1,774,448	55.00
57.00	05700	CT SCAN	226,328		226,328	0	0	5,291,813	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,330,185		1,330,185	0	0	8,040,553	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,798,343		2,798,343	0	0	3,302,921	59.00
60.00	06000	LABORATORY	20,780,343		20,780,343	0	0	57,915,608	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	5,926,821		5,926,821	0	0	13,293,388	63.00
65.00	06500	RESPIRATORY THERAPY	8,449,704	0	8,449,704	0	0	25,900,055	65.00
66.00	06600	PHYSICAL THERAPY	6,977,172	0	6,977,172	0	0	3,732,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,693,524	0	1,693,524	0	0	2,361,233	67.00
68.00	06800	SPEECH PATHOLOGY	2,798,407	0	2,798,407	0	0	1,044,566	68.00
69.00	06900	ELECTROCARDIOLOGY	2,364,564	0	2,364,564	0	0	4,079,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,140,112	0	1,140,112	0	0	2,982,110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,149,594	0	24,149,594	0	0	54,315,851	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,470,024	0	15,470,024	0	0	29,773,935	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,427,870	0	33,427,870	0	0	69,793,637	73.00
74.00	07400	RENAL DIALYSIS	631,088	0	631,088	0	0	351,731	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,108,287	0	6,108,287	0	0	2,443	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	18,859,271		18,859,271	0	0	1,152,699	90.00
91.00	09100	EMERGENCY	16,807,767		16,807,767	0	0	8,331,555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,305,826		3,305,826	0	0	250,648	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	196		196	0	0	95,417	94.00
95.00	09500	AMBULANCE SERVICES	4,555,947		4,555,947	0	0	4,786,466	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	195,171		195,171	0	0	356,479	105.00
106.00	10600	HEART ACQUISITION	1,594,495		1,594,495	0	0	2,466,901	106.00
107.00	10700	LIVER ACQUISITION	691,716		691,716	0	0	1,045,141	107.00
108.00	10800	LUNG ACQUISITION	812,240		812,240	0	0	1,044,833	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	781,845		781,845	0	0	1,048,818	112.00
200.00		Subtotal (see instructions)	338,828,409	0	338,828,409	0	0	492,836,703	200.00
201.00		Less Observation Beds	3,305,826		3,305,826		0		201.00
202.00		Total (see instructions)	335,522,583	0	335,522,583	0	0	492,836,703	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263301

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital		
		Outpatient	Total (col. 6 + col. 7)				Tefra		
		7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		43,354,401					30.00
31.00	03100	INTENSIVE CARE UNIT		20,054,126					31.00
32.00	03200	CORONARY CARE UNIT		12,290,015					32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT		58,990,199					35.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,222,789	47,437,012	0.446648	0.446648	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,000,882	8,601,902	0.638098	0.638098	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	5,294,176	10,809,548	0.071372	0.071372	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,760,601	33,042,033	0.213858	0.213858	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,209,069	3,983,517	0.328622	0.328622	0.000000		55.00
57.00	05700	CT SCAN	5,981,638	11,273,451	0.020076	0.020076	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	22,647,614	30,688,167	0.043345	0.043345	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,804,033	8,106,954	0.345178	0.345178	0.000000		59.00
60.00	06000	LABORATORY	41,765,625	99,681,233	0.208468	0.208468	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,533,983	16,827,371	0.352213	0.352213	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	1,090,817	26,990,872	0.313058	0.313058	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,397,824	8,130,640	0.858133	0.858133	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,371,609	4,732,842	0.357824	0.357824	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,345,911	5,390,477	0.519139	0.519139	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	640,252	4,720,102	0.500956	0.500956	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,414,163	4,396,273	0.259336	0.259336	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,316,084	73,631,935	0.327977	0.327977	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,403,643	36,177,578	0.427614	0.427614	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,217,562	95,011,199	0.351831	0.351831	0.000000		73.00
74.00	07400	RENAL DIALYSIS	831,201	1,182,932	0.533495	0.533495	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,423,372	5,425,815	1.125782	1.125782	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	11,801,659	12,954,358	1.455824	1.455824	0.000000		90.00
91.00	09100	EMERGENCY	30,372,806	38,704,361	0.434260	0.434260	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,248,600	2,499,248	1.322728	1.322728	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	629,407	724,824	0.000270	0.000270	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	1,032,709	5,819,175	0.782920	0.782920	0.000000		95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	356,479					105.00
106.00	10600	HEART ACQUISITION	0	2,466,901					106.00
107.00	10700	LIVER ACQUISITION	0	1,045,141					107.00
108.00	10800	LUNG ACQUISITION	0	1,044,833					108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	209,190	1,258,008					112.00
200.00		Subtotal (see instructions)	244,967,219	737,803,922					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	244,967,219	737,803,922					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263301

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 7:47 am

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	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	53,248,010		53,248,010	0	0	43,354,401	30.00
31.00	03100	INTENSIVE CARE UNIT	17,749,535		17,749,535	0	0	20,054,126	31.00
32.00	03200	CORONARY CARE UNIT	11,844,087		11,844,087	0	0	12,290,015	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	38,286,549		38,286,549	0	0	58,990,199	35.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,187,657		21,187,657	0	0	32,214,223	50.00
51.00	05100	RECOVERY ROOM	5,488,858		5,488,858	0	0	2,601,020	51.00
53.00	05300	ANESTHESIOLOGY	771,497		771,497	0	0	5,515,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,066,305		7,066,305	0	0	13,281,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,309,071		1,309,071	0	0	1,774,448	55.00
57.00	05700	CT SCAN	226,328		226,328	0	0	5,291,813	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,330,185		1,330,185	0	0	8,040,553	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,798,343		2,798,343	0	0	3,302,921	59.00
60.00	06000	LABORATORY	20,780,343		20,780,343	0	0	57,915,608	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	5,926,821		5,926,821	0	0	13,293,388	63.00
65.00	06500	RESPIRATORY THERAPY	8,449,704	0	8,449,704	0	0	25,900,055	65.00
66.00	06600	PHYSICAL THERAPY	6,977,172	0	6,977,172	0	0	3,732,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,693,524	0	1,693,524	0	0	2,361,233	67.00
68.00	06800	SPEECH PATHOLOGY	2,798,407	0	2,798,407	0	0	1,044,566	68.00
69.00	06900	ELECTROCARDIOLOGY	2,364,564	0	2,364,564	0	0	4,079,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,140,112	0	1,140,112	0	0	2,982,110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,149,594	0	24,149,594	0	0	54,315,851	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,470,024	0	15,470,024	0	0	29,773,935	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,427,870	0	33,427,870	0	0	69,793,637	73.00
74.00	07400	RENAL DIALYSIS	631,088	0	631,088	0	0	351,731	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,108,287	0	6,108,287	0	0	2,443	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	18,859,271		18,859,271	0	0	1,152,699	90.00
91.00	09100	EMERGENCY	16,807,767		16,807,767	0	0	8,331,555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,305,826		3,305,826	0	0	250,648	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	196		196	0	0	95,417	94.00
95.00	09500	AMBULANCE SERVICES	4,555,947		4,555,947	0	0	4,786,466	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	195,171		195,171	0	0	356,479	105.00
106.00	10600	HEART ACQUISITION	1,594,495		1,594,495	0	0	2,466,901	106.00
107.00	10700	LIVER ACQUISITION	691,716		691,716	0	0	1,045,141	107.00
108.00	10800	LUNG ACQUISITION	812,240		812,240	0	0	1,044,833	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	781,845		781,845	0	0	1,048,818	112.00
200.00		Subtotal (see instructions)	338,828,409	0	338,828,409	0	0	492,836,703	200.00
201.00		Less Observation Beds	3,305,826	0	3,305,826	0	0		201.00
202.00		Total (see instructions)	335,522,583	0	335,522,583	0	0	492,836,703	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263301

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 7:47 am

		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
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	43,354,401				30.00
31.00	03100	INTENSIVE CARE UNIT	20,054,126				31.00
32.00	03200	CORONARY CARE UNIT	12,290,015				32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	58,990,199				35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,437,012	0.446648	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	8,601,902	0.638098	0.000000	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	10,809,548	0.071372	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,042,033	0.213858	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,983,517	0.328622	0.000000	0.000000	55.00
57.00	05700	CT SCAN	11,273,451	0.020076	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,688,167	0.043345	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,106,954	0.345178	0.000000	0.000000	59.00
60.00	06000	LABORATORY	99,681,233	0.208468	0.000000	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,827,371	0.352213	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	26,990,872	0.313058	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,130,640	0.858133	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,732,842	0.357824	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,390,477	0.519139	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,720,102	0.500956	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,396,273	0.259336	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,631,935	0.327977	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,177,578	0.427614	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,011,199	0.351831	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,182,932	0.533495	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,425,815	1.125782	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,954,358	1.455824	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	38,704,361	0.434260	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,499,248	1.322728	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	724,824	0.000270	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	5,819,175	0.782920	0.000000	0.000000	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0.000000	0.000000	0.000000	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	356,479				105.00
106.00	10600	HEART ACQUISITION	2,466,901				106.00
107.00	10700	LIVER ACQUISITION	1,045,141				107.00
108.00	10800	LUNG ACQUISITION	1,044,833				108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,258,008				112.00
200.00		Subtotal (see instructions)	737,803,922				200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	737,803,922				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/24/2013 7:47 am
		Title XVIII	Hospital	Tefra

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	6,789,323	0	6,789,323	40,977	165.69 30.00
31.00	INTENSIVE CARE UNIT	1,280,793		1,280,793	7,330	174.73 31.00
32.00	CORONARY CARE UNIT	1,281,846		1,281,846	4,317	296.93 32.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,942,309		2,942,309	22,046	133.46 35.00
200.00	Total (lines 30-199)	12,294,271		12,294,271	74,670	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	183	30,321	30.00
31.00	INTENSIVE CARE UNIT	18	3,145	31.00
32.00	CORONARY CARE UNIT	2	594	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
200.00	Total (lines 30-199)	203	34,060	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/24/2013 7:47 am
--	--	----------------------	---	--

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	1,987,766	47,437,012	0.041903	165,866	6,950	50.00
51.00	05100 RECOVERY ROOM	380,557	8,601,902	0.044241	19,146	847	51.00
53.00	05300 ANESTHESIOLOGY	28,310	10,809,548	0.002619	38,778	102	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	743,899	33,042,033	0.022514	45,337	1,021	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	156,217	3,983,517	0.039216	1,432	56	55.00
57.00	05700 CT SCAN	34,615	11,273,451	0.003070	6,264	19	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	141,603	30,688,167	0.004614	25,471	118	58.00
59.00	05900 CARDIAC CATHETERIZATION	309,954	8,106,954	0.038233	0	0	59.00
60.00	06000 LABORATORY	1,259,960	99,681,233	0.012640	147,948	1,870	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	220,265	16,827,371	0.013090	2,871	38	63.00
65.00	06500 RESPIRATORY THERAPY	463,008	26,990,872	0.017154	31,098	533	65.00
66.00	06600 PHYSICAL THERAPY	939,318	8,130,640	0.115528	5,199	601	66.00
67.00	06700 OCCUPATIONAL THERAPY	58,395	4,732,842	0.012338	2,520	31	67.00
68.00	06800 SPEECH PATHOLOGY	247,709	5,390,477	0.045953	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	71,725	4,720,102	0.015196	10,290	156	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	121,355	4,396,273	0.027604	8,248	228	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,363,604	73,631,935	0.018519	178,638	3,308	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	451,698	36,177,578	0.012486	262,437	3,277	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,320,476	95,011,199	0.013898	278,991	3,877	73.00
74.00	07400 RENAL DIALYSIS	182,316	1,182,932	0.154122	25,552	3,938	74.00
75.00	07500 ASC (NON-DISTINCT PART)	855,429	5,425,815	0.157659	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,001,791	12,954,358	0.154526	2,741	424	90.00
91.00	09100 EMERGENCY	1,549,114	38,704,361	0.040024	4,304	172	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	421,506	2,499,248	0.168653	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	6	724,824	0.000008	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	15,310,596	591,124,644		1,263,131	27,566	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/24/2013 7:47 am
		Title XVIII		Hospital
				Tefra

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0 35.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
			6.00	7.00	8.00	9.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,977	0.00	183	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	7,330	0.00	18	0	0 31.00
32.00	03200	CORONARY CARE UNIT	4,317	0.00	2	0	0 32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	22,046	0.00	0	0	0 35.00
200.00		Total (lines 30-199)	74,670		203	0	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
35.00	02061	NEONATAL INTENSIVE CARE UNIT	0	0			35.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 7:47 am
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital		Tefra	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263301

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Tefra		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,437,012	0.000000	0.000000	165,866	50.00
51.00	05100	RECOVERY ROOM	0	8,601,902	0.000000	0.000000	19,146	51.00
53.00	05300	ANESTHESIOLOGY	0	10,809,548	0.000000	0.000000	38,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,042,033	0.000000	0.000000	45,337	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,983,517	0.000000	0.000000	1,432	55.00
57.00	05700	CT SCAN	0	11,273,451	0.000000	0.000000	6,264	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	30,688,167	0.000000	0.000000	25,471	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,106,954	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	99,681,233	0.000000	0.000000	147,948	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	16,827,371	0.000000	0.000000	2,871	63.00
65.00	06500	RESPIRATORY THERAPY	0	26,990,872	0.000000	0.000000	31,098	65.00
66.00	06600	PHYSICAL THERAPY	0	8,130,640	0.000000	0.000000	5,199	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,732,842	0.000000	0.000000	2,520	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,390,477	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,720,102	0.000000	0.000000	10,290	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,396,273	0.000000	0.000000	8,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	73,631,935	0.000000	0.000000	178,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,177,578	0.000000	0.000000	262,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,011,199	0.000000	0.000000	278,991	73.00
74.00	07400	RENAL DIALYSIS	0	1,182,932	0.000000	0.000000	25,552	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,425,815	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	12,954,358	0.000000	0.000000	2,741	90.00
91.00	09100	EMERGENCY	0	38,704,361	0.000000	0.000000	4,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,499,248	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	724,824	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	591,124,644			1,263,131	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 7:47 am
--	----------------------	---	--

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	
Title XVIII Hospital Tefra							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	1,680	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,171	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	46,389	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,010	0	0	0	55.00
57.00	05700 CT SCAN	0	7,153	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	42,633	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	2,095	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,119	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	4,616	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,392	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,926	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,639	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,499	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	47,747	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	10,090	0	0	0	90.00
91.00	09100 EMERGENCY	0	15,939	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	270,098	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 7:47 am
--	----------------------	---	--

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	Tefra
		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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 7:47 am
		Title XVIII	Hospital	Tefra

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	0.446648	1,680	0	750	50.00
51.00	05100 RECOVERY ROOM	0.638098	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.071372	3,171	0	226	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.213858	46,389	0	9,921	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.328622	7,010	0	2,304	55.00
57.00	05700 CT SCAN	0.020076	7,153	0	144	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.043345	42,633	0	1,848	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.345178	0	0	0	59.00
60.00	06000 LABORATORY	0.208468	2,095	0	437	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.352213	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.313058	1,119	0	350	65.00
66.00	06600 PHYSICAL THERAPY	0.858133	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.357824	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.519139	4,616	0	2,396	68.00
69.00	06900 ELECTROCARDIOLOGY	0.500956	5,392	0	2,701	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.259336	4,926	0	1,277	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327977	54,639	0	17,920	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.427614	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.351831	15,499	0	5,453	73.00
74.00	07400 RENAL DIALYSIS	0.533495	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1.125782	47,747	0	53,753	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1.455824	10,090	893	14,689	90.00
91.00	09100 EMERGENCY	0.434260	15,939	0	6,922	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.322728	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000270		0		94.00
95.00	09500 AMBULANCE SERVICES	0.782920		0		95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		270,098	893	121,091	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 +/- line 201)		270,098	893	121,091	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 7:47 am
		Title XVIII	Hospital	Tefra

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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1,300	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	1,300	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	1,300	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 7:47 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.446648	0	1,418,970	0	50.00
51.00	05100 RECOVERY ROOM	0.638098	0	514,822	0	51.00
53.00	05300 ANESTHESIOLOGY	0.071372	0	470,389	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.213858	0	1,501,481	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.328622	0	332,441	0	55.00
57.00	05700 CT SCAN	0.020076	0	670,420	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.043345	0	2,282,352	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.345178	0	817,609	0	59.00
60.00	06000 LABORATORY	0.208468	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.352213	0	600,331	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.313058	0	103,247	0	65.00
66.00	06600 PHYSICAL THERAPY	0.858133	0	246,612	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.357824	0	175,335	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.519139	0	264,784	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.500956	0	94,538	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.259336	0	161,788	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327977	0	1,349,634	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.427614	0	434,547	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.351831	0	2,255,146	0	73.00
74.00	07400 RENAL DIALYSIS	0.533495	0	379,477	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1.125782	0	392,363	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1.455824	0	1,148,855	0	90.00
91.00	09100 EMERGENCY	0.434260	0	1,537,866	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.322728	0	256,896	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000270	0	65,702	0	94.00
95.00	09500 AMBULANCE SERVICES	0.782920	0	120,636	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		0	17,596,241	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	17,596,241	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 7:47 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	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	633,780	0	50.00
51.00	05100 RECOVERY ROOM	328,507	0	51.00
53.00	05300 ANESTHESIOLOGY	33,573	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	321,104	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	109,247	0	55.00
57.00	05700 CT SCAN	13,459	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	98,929	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	282,221	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	211,444	0	63.00
65.00	06500 RESPIRATORY THERAPY	32,322	0	65.00
66.00	06600 PHYSICAL THERAPY	211,626	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	62,739	0	67.00
68.00	06800 SPEECH PATHOLOGY	137,460	0	68.00
69.00	06900 ELECTROCARDIOLOGY	47,359	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	41,957	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	442,649	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	185,818	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	793,430	0	73.00
74.00	07400 RENAL DIALYSIS	202,449	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	441,715	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1,672,531	0	90.00
91.00	09100 EMERGENCY	667,834	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	339,804	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	18	0	94.00
95.00	09500 AMBULANCE SERVICES	94,448	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	7,406,423	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	7,406,423	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2013 7:47 am
Cost Center Description		Tefra		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	40,977		1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	40,977		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)	38,433		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)	183		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)	53,248,010		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)	53,248,010		27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)	43,354,401		28.00
29.00	Private room charges (excluding swing-bed charges)	0		29.00
30.00	Semi-private room charges (excluding swing-bed charges)	43,354,401		30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.228203		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)	1,128.05		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)	53,248,010		37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,299.46		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	237,801		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)	237,801		41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		Tefra	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,749,535	7,330	2,421.49	18	43,587	43.00
44.00	CORONARY CARE UNIT	11,844,087	4,317	2,743.59	2	5,487	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	38,286,549	22,046	1,736.67	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					443,171	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					730,046	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)					34,060	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,566	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					61,626	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					668,420	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					35	54.00
55.00	Target amount per discharge					24,703.34	55.00
56.00	Target amount (line 54 x line 55)					864,617	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					196,197	57.00
58.00	Bonus payment (see instructions)					17,292	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					12,824.82	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					23,214.06	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)					747,338	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)					2,544	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,299.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,305,826	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 7:47 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,789,323	53,248,010	0.127504	3,305,826	421,506	90.00
91.00	Nursing School cost	0	53,248,010	0.000000	3,305,826	0	91.00
92.00	Allied health cost	0	53,248,010	0.000000	3,305,826	0	92.00
93.00	All other Medical Education	0	53,248,010	0.000000	3,305,826	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2013 7:47 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,977	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,977	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)		38,433	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)		6,269	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)		53,248,010	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)		53,248,010	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		43,354,401	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		43,354,401	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.228203	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)		1,128.05	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)		53,248,010	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,299.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,146,315	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,146,315	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 7:47 am	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	17,749,535	7,330	2,421.49	2,039	4,937,418	43.00
44.00	11,844,087	4,317	2,743.59	491	1,347,103	44.00
45.00						45.00
46.00						46.00
47.00	38,286,549	22,046	1,736.67	4,648	8,072,042	47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				19,545,580	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				42,048,458	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				2,544	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,299.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,305,826	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 263301

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

Worksheet D-1
Date/Time Prepared:
5/24/2013 7:47 am

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 7:47 am	
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		183,789	30.00
31.00	03100	INTENSIVE CARE UNIT		49,968	31.00
32.00	03200	CORONARY CARE UNIT		11,186	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT		0	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.446648	165,866	50.00
51.00	05100	RECOVERY ROOM	0.638098	19,146	51.00
53.00	05300	ANESTHESIOLOGY	0.071372	38,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213858	45,337	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.328622	1,432	55.00
57.00	05700	CT SCAN	0.020076	6,264	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043345	25,471	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.345178	0	59.00
60.00	06000	LABORATORY	0.208468	147,948	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.352213	2,871	63.00
65.00	06500	RESPIRATORY THERAPY	0.313058	31,098	65.00
66.00	06600	PHYSICAL THERAPY	0.858133	5,199	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.357824	2,520	67.00
68.00	06800	SPEECH PATHOLOGY	0.519139	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.500956	10,290	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.259336	8,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327977	178,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.427614	262,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351831	278,991	73.00
74.00	07400	RENAL DIALYSIS	0.533495	25,552	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1.125782	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.455824	2,741	90.00
91.00	09100	EMERGENCY	0.434260	4,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.322728	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000270	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,263,131	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)		1,263,131	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 7:47 am	
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		7,513,461	30.00
31.00	03100	INTENSIVE CARE UNIT		5,682,730	31.00
32.00	03200	CORONARY CARE UNIT		1,392,024	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT		12,503,516	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.446648	8,262,176	50.00
51.00	05100	RECOVERY ROOM	0.638098	307,919	51.00
53.00	05300	ANESTHESIOLOGY	0.071372	1,016,938	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213858	2,253,342	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.328622	441,529	55.00
57.00	05700	CT SCAN	0.020076	826,588	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043345	1,235,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.345178	1,565,559	59.00
60.00	06000	LABORATORY	0.208468	10,394,653	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.352213	2,379,387	63.00
65.00	06500	RESPIRATORY THERAPY	0.313058	9,729,641	65.00
66.00	06600	PHYSICAL THERAPY	0.858133	642,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.357824	517,956	67.00
68.00	06800	SPEECH PATHOLOGY	0.519139	192,388	68.00
69.00	06900	ELECTROCARDIOLOGY	0.500956	747,474	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.259336	547,055	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.327977	4,496,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.427614	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351831	13,240,575	73.00
74.00	07400	RENAL DIALYSIS	0.533495	188,418	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1.125782	28	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.455824	173,721	90.00
91.00	09100	EMERGENCY	0.434260	1,055,470	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.322728	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000270	39,647	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		60,254,902	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)		60,254,902	202.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2013 7:47 am

		Kidney		Hospital		Tefra	
Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	3,080	1,299.46	4	5,198	1.00
2.00	INTENSIVE CARE UNIT	43.00	13,657	2,421.49	4	9,686	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,743.59	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,736.67	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		16,737		8	14,884	7.00
Cost Center Description			C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.446648	47,423	21,181	8.00
9.00	RECOVERY ROOM		51.00	0.638098	3,788	2,417	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.071372	8,484	606	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.213858	12,282	2,627	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.328622	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.020076	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.043345	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.345178	0	0	17.00
18.00	LABORATORY		60.00	0.208468	36,515	7,612	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.352213	444	156	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.313058	4,963	1,554	23.00
24.00	PHYSICAL THERAPY		66.00	0.858133	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.357824	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.519139	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.500956	4,209	2,109	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.259336	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.327977	21,454	7,036	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.427614	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.351831	4,779	1,681	31.00
32.00	RENAL DIALYSIS		74.00	0.533495	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	1.125782	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.455824	0	0	37.00
38.00	EMERGENCY		91.00	0.434260	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.322728	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)				144,341	46,979	41.00
Cost Center Description			D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	4	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				8	0	48.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2013 7:47 am

		Kidney		Hospital		Tefra	
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	61,863		161,078		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	195,171		225,489		59.00	
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	257,034		386,567		61.00	
62.00	Total Usable Organs (see instructions)		20			62.00	
63.00	Medicare Usable Organs (see instructions)		16			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.800000			64.00	
65.00	Medicare Cost/Charges (see instructions)	205,627		309,254		65.00	
66.00	Revenue for Organs Sold	79,491		79,491		66.00	
67.00	Subtotal (Line 65 minus line 66)	126,136		229,763		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	126,136	0	229,763	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		2	14		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	4		73.00	
74.00	Total (sum of lines 70 thru 73)		2	18		74.00	
75.00	Organs Transplanted		2	4	295,920	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	14	79,491	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		2	18		84.00	

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2013 7:47 am

Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,299.46	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,596	2,421.49	2	4,843	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,743.59	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,736.67	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		2,596		2	4,843	7.00
Cost Center Description			C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.446648	8,800	3,931	8.00
9.00	RECOVERY ROOM		51.00	0.638098	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.071372	820	59	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.213858	120	26	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.328622	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.020076	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.043345	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.345178	0	0	17.00
18.00	LABORATORY		60.00	0.208468	3,938	821	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.352213	222	78	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.313058	835	261	23.00
24.00	PHYSICAL THERAPY		66.00	0.858133	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.357824	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.519139	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.500956	237	119	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.259336	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.327977	1,856	609	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.427614	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.351831	374	132	31.00
32.00	RENAL DIALYSIS		74.00	0.533495	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	1.125782	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.455824	0	0	37.00
38.00	EMERGENCY		91.00	0.434260	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.322728	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)				17,202	6,036	41.00
Cost Center Description			D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				2	0	48.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2013 7:47 am

		Liver		Hospital		Tefra	
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	10,879		19,798		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	691,716		1,046,886		59.00	
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	702,595		1,066,684		61.00	
62.00	Total Usable Organs (see instructions)		14			62.00	
63.00	Medicare Usable Organs (see instructions)		4			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.285714			64.00	
65.00	Medicare Cost/Charges (see instructions)	200,741		304,767		65.00	
66.00	Revenue for Organs Sold	19,798		19,798		66.00	
67.00	Subtotal (Line 65 minus line 66)	180,943		284,969		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	180,943	0	284,969	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	4		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	10		73.00	
74.00	Total (sum of lines 70 thru 73)		0	14		74.00	
75.00	Organs Transplanted		0	10	1,046,886	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	4	13,859	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	14		84.00	

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2013 7:47 am

		Heart		Hospital		Tefra	
Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,299.46	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	694	2,421.49	1	2,421	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,743.59	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,736.67	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		694		1	2,421	7.00
Cost Center Description			C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.446648	1,155	516	8.00
9.00	RECOVERY ROOM		51.00	0.638098	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.071372	177	13	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.213858	120	26	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.328622	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.020076	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.043345	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.345178	0	0	17.00
18.00	LABORATORY		60.00	0.208468	1,806	376	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.352213	222	78	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.313058	283	89	23.00
24.00	PHYSICAL THERAPY		66.00	0.858133	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.357824	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.519139	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.500956	237	119	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.259336	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.327977	901	296	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.427614	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.351831	279	98	31.00
32.00	RENAL DIALYSIS		74.00	0.533495	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	1.125782	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.455824	0	0	37.00
38.00	EMERGENCY		91.00	0.434260	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.322728	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)				5,180	1,611	41.00
Cost Center Description			D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2013 7:47 am

Cost Center Description	Heart		Hospital		Tefra	
	D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

Cost Center Description	Cost		Charges	
	Part A	Part B	Part A	Part B
	1.00	2.00	3.00	4.00

PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	4,032		5,874		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,594,495		2,619,840		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,598,527		2,625,714		61.00
62.00	Total Usable Organs (see instructions)		20			62.00
63.00	Medicare Usable Organs (see instructions)		1			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.050000			64.00
65.00	Medicare Cost/Charges (see instructions)	79,926		131,286		65.00
66.00	Revenue for Organs Sold	5,874		5,874		66.00
67.00	Subtotal (Line 65 minus line 66)	74,052		125,412		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	74,052	0	125,412	0	69.00

Cost Center Description	Living Related	Cadaveric	Revenue
	1.00	2.00	3.00

PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	1	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0	72.00
73.00	Organs Purchased from OPOs	0	19	73.00
74.00	Total (sum of lines 70 thru 73)	0	20	74.00
75.00	Organs Transplanted	0	19	2,619,840
76.00	Organs Sold to Other Hospitals	0	0	0
77.00	Organs Sold to OPOs	0	1	5,874
78.00	Organs Sold to Transplant Hospitals	0	0	0
79.00	Organs Sold to Military or VA Hospitals	0	0	0
80.00	Organs Sold Outside the U.S.	0	0	0
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	0
82.00	Organs Used for Research	0	0	0
83.00	Unusable/Discarded Organs	0	0	0
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	20	0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/24/2013 7:47 am
		Title XVIII	Hospital	Tefra
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,300	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		121,091	2.00
3.00	PPS payments		56,171	3.00
4.00	Outlier payment (see instructions)		8,314	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		107,771	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		59.84	7.00
8.00	Transitional corridor payment (see instructions)		43,286	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,300	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		893	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)		893	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)		893	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		407	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		893	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)		107,771	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)		13,211	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)		95,453	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		2,347	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)		97,800	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		97,800	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		97,800	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)		97,800	40.00
41.00	Interim payments		102,933	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)		-5,133	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: 263301

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2013 7:47 am

		Title XVIII		Hospital		Tefra	
		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		997,080		102,933	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		997,080		102,933	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		122,643		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		5,133	6.02	
7.00	Total Medicare program liability (see instructions)		1,119,723		97,800	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 263301

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2013 7:47 am

		Title XVIII	Hospital	Tefra
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		11,251	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		203	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		0	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		72,126	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		737,803,922	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		0	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		0	32.00
			Overrides	
			1.00	
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part I Date/Time Prepared: 5/24/2013 7:47 am
		Title XVIII	Hospital	Tefra
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			747,338 1.00
2.00	Organ acquisition			381,131 2.00
3.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			1,128,469 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5)			1,128,469 6.00
7.00	Deductibles			30,056 7.00
8.00	Subtotal (line 6 minus line 7)			1,098,413 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			1,098,413 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			1,098,413 14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			21,310 15.00
16.00	THIS LINE SHOULD NOT BE USED			0 16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.99	Recovery of Accelerated Depreciation			0 17.99
18.00	Total amount payable to the provider (see instructions)			1,119,723 18.00
19.00	Interim payments			997,080 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program (line 18 minus the sum lines 19 and 20)			122,643 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2013 7:47 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	42,048,458			1.00
2.00	Medical and other services		7,406,423		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	42,048,458	7,406,423		4.00
5.00	Inpatient primary payer payments	24,195,365			5.00
6.00	Outpatient primary payer payments		6,221,557		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	17,853,093	1,184,866		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	27,091,731			8.00
9.00	Ancillary service charges	60,254,902	17,596,241		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	87,346,633	17,596,241		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	87,346,633	17,596,241		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	45,298,175	10,189,818		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	42,048,458	7,406,423		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	42,048,458	7,406,423		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	17,853,093	1,184,866		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	17,853,093	1,184,866		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	17,853,093	1,184,866		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	2,996,041			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	20,849,134	1,184,866		40.00
41.00	Interim payments	24,195,365	6,221,557		41.00
42.00	Balance due provider/program (line 40 minus 41)	-3,346,231	-5,036,691		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/24/2013 7:47 am	
		Title XVII	Hospital	Tefra	
				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.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			161.47	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	80.19	59.48	139.67	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.	58.00	43.02	101.02	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	58.00	43.02		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.58	43.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.51	43.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.70	43.35		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	57.70	43.35		17.00
18.00	Per resident amount	83,165.90	83,165.90		18.00
19.00	Approved amount for resident costs	4,798,672	3,605,242	8,403,914	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)			44.68	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)			8,403,914	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	203	0		26.00
27.00	Total Inpatient Days (see instructions)	72,126	72,126		27.00
28.00	Ratio of inpatient days to total inpatient days	0.002815	0.000000		28.00
29.00	Program direct GME amount	23,657	0		29.00
30.00	Reduction for direct GME payments for Medicare managed care		0		30.00
31.00	Net Program direct GME amount			23,657	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/24/2013 7:47 am
		Title XVIII	Hospital	Tefra
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		1,907,756	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)		730,046	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		381,131	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)		1,111,177	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		122,391	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		122,391	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,233,568	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.900783	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.099217	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		23,657	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		21,310	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,347	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/24/2013 7:47 am	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			161.47	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	80.19	59.48	139.67	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.	58.00	43.02	101.02	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	58.00	43.02		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.00	43.02		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	56.58	43.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.53	43.27		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	57.53	43.27		17.00
18.00	Per resident amount	83,165.90	83,165.90		18.00
19.00	Approved amount for resident costs	4,784,534	3,598,588	8,383,122	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)			44.68	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)			8,383,122	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	13,447	14,359		26.00
27.00	Total Inpatient Days (see instructions)	72,126	72,126		27.00
28.00	Ratio of inpatient days to total inpatient days	0.186438	0.199082		28.00
29.00	Program direct GME amount	1,562,932	1,668,929		29.00
30.00	Reduction for direct GME payments for Medicare managed care		235,820		30.00
31.00	Net Program direct GME amount			2,996,041	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/24/2013 7:47 am
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			0 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			0 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			2,996,041 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)			0 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0 50.00

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

Provider CCN: 263301

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

Worksheet G

Date/Time Prepared:
5/24/2013 7:47 am

		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	101,350	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	108,237,320	0	0	0	4.00
5.00	Other receivable	2,626,882	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-33,242,451	0	0	0	6.00
7.00	Inventory	9,648,296	0	0	0	7.00
8.00	Prepaid expenses	679,766	0	0	0	8.00
9.00	Other current assets	8,002,247	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)	96,053,410	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,508,366	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	324,661,999	0	0	0	15.00
16.00	Accumulated depreciation	-208,989,475	0	0	0	16.00
17.00	Leasehold improvements	18,807,191	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	1,132,720	0	0	0	19.00
20.00	Accumulated depreciation	-421,848	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	188,064,199	0	0	0	23.00
24.00	Accumulated depreciation	-145,122,177	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)	184,640,975	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-2,227,546	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-2,227,546	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	278,466,839	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,794,296	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,960,560	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	27,552,579	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,307,435	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	34,875	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	34,875	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	58,342,310	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	220,124,529	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	220,124,529	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	278,466,839	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 263301

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

Worksheet G-1

Date/Time Prepared:
5/24/2013 7:47 am

		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		564,665,717		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		38,738,561			2.00
3.00	Total (sum of line 1 and line 2)		603,404,278		0	3.00
4.00	TRANSFERS TO/FROM BJC ENTITIES	5,000,000		0		4.00
5.00		2,293,795		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		7,293,795		0	10.00
11.00	Subtotal (line 3 plus line 10)		610,698,073		0	11.00
12.00	TRANSFERS TO/FROM BJC ENTITIES	390,570,324		0		12.00
13.00		3,220		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		390,573,544		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		220,124,529		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	TRANSFERS TO/FROM BJC ENTITIES		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFERS TO/FROM BJC ENTITIES		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 263301

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2013 7:47 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,354,401		43,354,401	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,354,401		43,354,401	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,054,126		20,054,126	11.00
12.00	CORONARY CARE UNIT	12,290,015		12,290,015	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	58,990,199		58,990,199	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	91,334,340		91,334,340	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	134,688,741		134,688,741	17.00
18.00	Ancillary services	343,528,734	193,458,665	536,987,399	18.00
19.00	Outpatient services	9,832,762	50,475,844	60,308,606	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	4,786,466	1,032,709	5,819,175	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)	189,079	5,198,532	5,387,611	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	493,025,782	250,165,750	743,191,532	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		386,513,338		29.00
30.00	HOME OFFICE	33,221,618			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		33,221,618		36.00
37.00		3,225			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		3,225		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		419,731,731		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 263301

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

Worksheet G-3

Date/Time Prepared:
5/24/2013 7:47 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	743,191,532	1.00
2.00	Less contractual allowances and discounts on patients' accounts	306,763,284	2.00
3.00	Net patient revenues (line 1 minus line 2)	436,428,248	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	419,731,731	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,696,517	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,096,716	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	6,113,518	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	48,062	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	12,480,640	24.00
25.00	Total other income (sum of lines 6-24)	22,738,936	25.00
26.00	Total (line 5 plus line 25)	39,435,453	26.00
27.00	OTHER EXPENSES (SPECIFY)	696,892	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	696,892	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	38,738,561	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 263301

Period:

Worksheet I-1

Component CCN: 262309

From 01/01/2012
To 12/31/2012

Date/Time Prepared:
5/24/2013 7:47 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	43,450	Hours of Service	1,656.00	0.80	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	15,900	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	59,350				9.00
10.00	Employee Benefits	20,220	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	41,280	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	27,842	Requisitions			15.00
16.00	Other	0	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	148,692				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	60,561	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	86,368	Percentage of Time			19.00
20.00	Employee Benefits	2,560	Salary			20.00
21.00	Administrative & General	99,261	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	139,705	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	5,604	Requisitions			25.00
26.00	Other Allocated Costs	88,337	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	631,088				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	631,088				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301 Component CCN: 262309		Period: From 01/01/2012 To 12/31/2012		Worksheet 1-2 Date/Time Prepared: 5/24/2013 7:47 am	
		Renal Dialysis					

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	200,266	127,648	43,450	0	22,780	33,446	1.00
MAINTENANCE								
2.00	Hemodialysis	165,317	105,948	39,646	0	18,806	27,613	2.00
3.00	Intermittent Peritoneal	34,949	21,700	3,804	0	3,974	5,833	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						27,842	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	200,266	127,648	43,450	0	22,780	33,446	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	427,590	203,498	631,088		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	357,330	170,060	527,390		2.00
3.00	Intermittent Peritoneal	0	0	70,260	33,438	103,698		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCDP	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCDP	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	0	0	427,590	203,498	631,088		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					631,088		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-3
Date/Time Prepared:
5/24/2013 7:47 am

		Capital Related Costs		Direct Patient Care Salary				
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits (Salary)		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		200,266	127,648	43,450	0	22,780	1.00
MAINTENANCE								
2.00	Hemodialysis		2,578	105,948.00	1,511.00	0.00	16,693	2.00
3.00	Intermittent Peritoneal		545	21,700.00	145.00	0.00	3,527	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCDP		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCDP		0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		3,123	127,648.00	1,656.00	0.00	20,220	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		64.126161	1.000000	26.237923	0.000000	1.126607	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	33,446	0	0	427,590	203,498		1.00
MAINTENANCE								
2.00	Hemodialysis	22,986	34,082	0				2.00
3.00	Intermittent Peritoneal	4,856	7,200	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCDP	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCDP	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	27,842	41,282	0		427,590		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.201279	0.000000	0.000000		0.475919		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-4
Date/Time Prepared:
5/24/2013 7:47 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	355	527,390	1,485.61	86	127,762	1.00
2.00	Maintenance - Peritoneal Dialysis	75	103,698	1,382.64	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	292	0	0.00	13	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	722	631,088		99	127,762	11.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	22,431	260.83			1.00	
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00	
3.00	Training - Hemodialysis	0	0.00			3.00	
4.00	Training - Peritoneal Dialysis	0	0.00			4.00	
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00	
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00	
7.00	Home Program - Hemodialysis	3,591	276.23			7.00	
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00	
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00	
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00			10.00	
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	26,022				11.00	

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 263301

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

Worksheet I-1
Date/Time Prepared:
5/24/2013 7:47 am

Home Program
Dialysis

Tefra

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	0	Hours of Service	0.00	0.00	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	0				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	147	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	0	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	147				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			19.00
20.00	Employee Benefits	0	Salary			20.00
21.00	Administrative & General	49	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	0	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	0	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	196				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	196				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet 1-2 Date/Time Prepared: 5/24/2013 7:47 am
			Home Program Dialysis	Tefra

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	Drugs	
		Buiding	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	0	0	0	0	0	0	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	0	0	0	0	0	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	147	0	147	49	196		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	147	0	147	49	196	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	147	0	147	49	196	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)					196		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 263301		Period: From 01/01/2012 To 12/31/2012		Worksheet 1-3		
				Home Program Dialysis		Date/Time Prepared: 5/24/2013 7:47 am		
						Tefra		
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits (Salary)		
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		0	0	0	0	0	1.00
MAINTENANCE								
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCDP		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCDP		0	0.00	1.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other	0	0.00	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	0	0.00	1.00	0.00	0.00	0	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	147	0	147	49		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCDP	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCDP	0	147	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	147	0		147		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.333333		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 263301	Period: From 01/01/2012 To 12/31/2012	Worksheet 1-4 Date/Time Prepared: 5/24/2013 7:47 am
---	----------------------	---	---

	Rate 0	Home Program Dialysis	Tefra
--	--------	--------------------------	-------

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)		
		1.00	2.00	3.00	4.00	5.00		
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00	
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00	
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00	
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00	
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00	
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00	
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00	
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00	
		Patient Weeks			Patient Weeks			
		1.00	2.00	3.00	4.00	5.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00	
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	2,545	196	0.08	1,071	86	10.00	
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	0	196		0	86	11.00	
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)					
		6.00	7.00					
1.00	Maintenance - Hemodialysis	0	0.00					1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00					2.00
3.00	Training - Hemodialysis	0	0.00					3.00
4.00	Training - Peritoneal Dialysis	0	0.00					4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00					5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00					6.00
7.00	Home Program - Hemodialysis	0	0.00					7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00					8.00
		6.00	7.00					
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00					9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	109,342	102.09					10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	109,342						11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 263301

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

Worksheet I-5

Date/Time Prepared:
5/24/2013 7:47 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	127,848	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	135,364	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	27,076	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	27,076	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	108,291	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00