Presence Saint Joseph Medical Center

Medicare Cost Report

Fiscal Year Ended 12.31.2012

McGladrey

Assurance ▪ Tax ▪ Consulting

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140007	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/23/2013 5:07 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/23/2013 Time: 5:07 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. JOSEPH MEDICAL CENTER (140007) 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: 5/23/2013 Time: 5:07 pm
aL3EGtXRCOBHmIZM6Pm7QN:VTHFqz0
JC2sK0rmcEI64MgHSJI0TBZYsXAfaj
JMXt04OTc40KsViK

PI: Date: 5/23/2013 Time: 5:07 pm
FK9tUsFZIf6bYa6gvf1.FHf1LhbXZ0
jXA4c0vpB6F5nJ9f2ilHBGBcfk2Tf6
dI0d0OOsg003jCM0

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,039,712	-74,076	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	47,072	-21		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	1,086,784	-74,097	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2013 5:07 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 333 NORTH MADISON STREET	PO Box:			1.00
2.00	City: JOLIET	State: IL	Zip Code: 60435	County: CHAMPAIGN	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	PRESENCE ST. JOSEPH MEDICAL CENTER	140007	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	SJMC PHYSICAL MED & REHAB	14T007	16974	5	09/07/1987	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	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.	9,858	6,323	0	50	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.	201	0	0	0	0	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2013 5:07 pm

		Beginning:	Ending:	
		1.00	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	Y/N	
		1.00	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	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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)	N	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	76.00

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			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: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 5:07 pm

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	1,081,242	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148003	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: PRESENCE HEALTHCARE	Contractor's Name: NGS	Contractor's Number: 131	141.00
142.00	Street: 100 NORTH RIVER ROAD	PO Box:		142.00
143.00	City: DES PLAINES	State: IL	Zip Code: 60016	143.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140007	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 5:07 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2013 5:07 pm

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

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

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

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	04/02/2013	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: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 5:07 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	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.				N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		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.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TOM	VERTIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815) 725-7133	THOMAS.VERTIN@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2013 5:07 pm

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	04/02/2013			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.		DIR. OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/23/2013 5:07 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	378	138,348	0.00	0	1.00
2.00	HMO						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		378	138,348	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	17	6,222	0.00	0	11.00
12.00	NEO NATAL INTENSIVE CARE						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		415	151,890	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	31	11,346		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		446				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	48,007	13,444	95,919			1.00
2.00	HMO	3,925	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	353	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	48,007	13,444	95,919			7.00
8.00	INTENSIVE CARE UNIT	1,570	147	2,796			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	1,394	196	2,444			11.00
12.00	NEO NATAL INTENSIVE CARE						12.00
13.00	NURSERY		2,060	4,411			13.00
14.00	Total (see instructions)	50,971	15,847	105,570	1.30	2,068.21	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	6,868	201	8,943	0.00	43.52	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2013 5:07 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				1.30	2,111.73	27.00
28.00	Observation Bed Days		1,265	10,349			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	10,993	3,712	23,084	1.00
2.00	HMO			854			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEO NATAL INTENSIVE CARE						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	10,993	3,712	23,084	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	578	15	734	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2013 5:07 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	135,600,217	-4,091,028	131,509,189	4,271,818.00	30.79	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	76,811	76,811	3,200.00	24.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,984,362	173,878	5,158,240	131,369.00	39.27	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		6,127,578	0	6,127,578	206,836.00	29.63	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,248,638	0	1,248,638	8,971.00	139.19	13.00
14.00	Home office salaries & wage-related costs		21,372,852	0	21,372,852	352,824.00	60.58	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		33,348,276	0	33,348,276			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		1,192,361	0	1,192,361			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,226,861	-841,224	385,637	6,491.00	59.41	26.00
27.00	Administrative & General	5.00	15,564,346	-3,249,804	12,314,542	322,388.00	38.20	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,156,292	0	3,156,292	126,785.00	24.89	30.00
31.00	Laundry & Linen Service	8.00	169,996	0	169,996	12,366.00	13.75	31.00
32.00	Housekeeping	9.00	2,815,229	0	2,815,229	215,075.00	13.09	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,446,396	-1,814,819	1,631,577	98,189.00	16.62	34.00
35.00	Dietary under contract (see instructions)		0	538,527	538,527	11,736.00	45.89	35.00
36.00	Cafeteria	11.00	0	1,814,819	1,814,819	133,662.00	13.58	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,784,059	0	4,784,059	114,630.00	41.73	38.00
39.00	Central Services and Supply	14.00	1,565,062	0	1,565,062	87,652.00	17.86	39.00
40.00	Pharmacy	15.00	4,092,904	-173,878	3,919,026	99,323.00	39.46	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2013 5:07 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	3,570,002	0	3,570,002	160,170.00	22.29	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part III Date/Time Prepared: 5/23/2013 5:07 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		135,600,217	-3,629,312	131,970,905	4,280,354.00	30.83	1.00
2.00	Excluded area salaries (see instructions)		4,984,362	173,878	5,158,240	131,369.00	39.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)		130,615,855	-3,803,190	126,812,665	4,148,985.00	30.56	3.00
4.00	Subtotal other wages & related costs (see inst.)		28,749,068	0	28,749,068	568,631.00	50.56	4.00
5.00	Subtotal wage-related costs (see inst.)		33,348,276	0	33,348,276	0.00	26.30	5.00
6.00	Total (sum of lines 3 thru 5)		192,713,199	-3,803,190	188,910,009	4,717,616.00	40.04	6.00
7.00	Total overhead cost (see instructions)		40,391,147	-3,726,379	36,664,768	1,388,467.00	26.41	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part IV Date/Time Prepared: 5/23/2013 5:07 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	6,203,824	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	14,847,848	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	731,570	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	158,837	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	308,782	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,012,502	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	9,321,497	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	157,119	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	88,724	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	709,935	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	34,540,638	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part V | Date/Time Prepared: 5/23/2013 5:07 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	6,127,578	0	1.00
2.00	Hospital	6,127,578	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-10 | Date/Time Prepared: 5/23/2013 5:07 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.185494	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	27,405,578	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	234,176,630	6.00
7.00	Medicaid cost (line 1 times line 6)	43,438,360	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	16,032,782	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	16,032,782	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	44,206,967	2,402,273	46,609,240	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,200,127	445,607	8,645,734	21.00
22.00	Partial payment by patients approved for charity care	1,555,741	1,448,230	3,003,971	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,644,386	-1,002,623	5,641,763	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	49,481,320	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,101,106	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	48,380,214	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	8,974,239	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	14,616,002	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	30,648,784	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		21,628,146	21,628,146	573,222	22,201,368	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	10,236,172	10,236,172	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	1,226,861	36,327,772	37,554,633	-3,396	37,551,237	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,564,346	49,675,054	65,239,400	-372,696	64,866,704	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,156,292	9,591,476	12,747,768	-5,648	12,742,120	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	169,996	1,232,225	1,402,221	0	1,402,221	8.00
9.00	00900	HOUSEKEEPING	2,815,229	1,522,908	4,338,137	-3,851	4,334,286	9.00
10.00	01000	DIETARY	3,446,396	3,083,923	6,530,319	-3,385,071	3,145,248	10.00
11.00	01100	CAFETERIA	0	0	0	3,367,038	3,367,038	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,784,059	279,677	5,063,736	-6,856	5,056,880	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,565,062	3,976,216	5,541,278	-2,900,950	2,640,328	14.00
15.00	01500	PHARMACY	4,092,904	16,345,803	20,438,707	-1,018,824	19,419,883	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,570,002	1,638,752	5,208,754	-621	5,208,133	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	76,811	76,811	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	128,719	15,121	143,840	173,878	317,718	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,375,658	3,739,566	42,115,224	-4,946,109	37,169,115	30.00
31.00	03100	INTENSIVE CARE UNIT	6,166,279	1,380,147	7,546,426	-347,856	7,198,570	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,005,390	1,168,037	5,173,427	-257,270	4,916,157	34.00
41.00	04100	SUBPROVIDER - IRF	2,689,912	221,094	2,911,006	-71,752	2,839,254	41.00
43.00	04300	NURSERY	1,586,095	64,848	1,650,943	-43,855	1,607,088	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,356,827	27,599,976	36,956,803	-23,186,130	13,770,673	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,645,671	4,668,260	14,313,931	-1,228,230	13,085,701	54.00
60.00	06000	LABORATORY	2,333	15,008,253	15,010,586	-2,512,941	12,497,645	60.00
65.00	06500	RESPIRATORY THERAPY	2,298,743	871,459	3,170,202	-249,069	2,921,133	65.00
66.00	06600	PHYSICAL THERAPY	6,787,603	2,107,499	8,895,102	-291,777	8,603,325	66.00
69.00	06900	ELECTROCARDIOLOGY	3,336,752	7,369,266	10,706,018	-6,980,743	3,725,275	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	360,841	32,374	393,215	-20,903	372,312	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	17,116,647	17,116,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,936,085	23,936,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	788,071	116,224	904,295	3,537,391	4,441,686	76.00
76.10	03551	OP PSYCH	183,382	-118	183,264	118	183,382	76.10
76.97	07697	CARDIAC REHABILITATION	432,207	10,442	442,649	-4,745	437,904	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,898,856	2,166,564	9,065,420	-628,945	8,436,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		10,448,558	10,448,558	-10,448,558	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	133,434,486	222,289,522	355,724,008	100,566	355,824,574	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	2,165,731	6,889,074	9,054,805	-100,566	8,954,239	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	244	244	0	244	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	135,600,217	229,178,840	364,779,057	0	364,779,057	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/23/2013 5:07 pm

		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	-3,798,208	18,403,160		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,270,099	15,506,271		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS	-585,018	36,966,219		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,391,360	60,475,344		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
7.00	00700	OPERATION OF PLANT	-296,035	12,446,085		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,402,221		8.00
9.00	00900	HOUSEKEEPING	0	4,334,286		9.00
10.00	01000	DIETARY	-2,002,175	1,143,073		10.00
11.00	01100	CAFETERIA	0	3,367,038		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	-67,937	4,988,943		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,640,328		14.00
15.00	01500	PHARMACY	-110,951	19,308,932		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-22,565	5,185,568		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	76,811		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	317,718		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-983,000	36,186,115		30.00
31.00	03100	INTENSIVE CARE UNIT	-360,556	6,838,014		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-265,033	4,651,124		34.00
41.00	04100	SUBPROVIDER - IRF	-90,150	2,749,104		41.00
43.00	04300	NURSERY	0	1,607,088		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-739,406	13,031,267		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-795,686	12,290,015		54.00
60.00	06000	LABORATORY	-246,433	12,251,212		60.00
65.00	06500	RESPIRATORY THERAPY	-6,572	2,914,561		65.00
66.00	06600	PHYSICAL THERAPY	-181,274	8,422,051		66.00
69.00	06900	ELECTROCARDIOLOGY	-207,540	3,517,735		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	372,312		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	17,116,647		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,936,085		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03140	OTHER	-1,850	4,439,836		76.00
76.10	03551	OP PSYCH	0	183,382		76.10
76.97	07697	CARDIAC REHABILITATION	-2,365	435,539		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-306,719	8,129,756		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,190,734	345,633,840		118.00
		NONREIMBURSABLE COST CENTERS				
192.01	19201	OTHER NRCC	0	8,954,239		192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	244		194.00
194.01	07951	SHARED SERVICES	0	0		194.01
194.02	07952	CASE MANAGEMENT	0	0		194.02
194.04	07953	OUTPATIENT PHARMACY	0	0		194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0		194.05
194.06	07955	PATIENT SITTERS	0	0		194.06
200.00		TOTAL (SUM OF LINES 118-199)	-10,190,734	354,588,323		200.00

RECLASSIFICATIONS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/23/2013 5:07 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CAFETERIA				
1.00	CAFETERIA	11.00	1,814,819	1,552,219	1.00
	TOTALS		1,814,819	1,552,219	
	B - CAPITAL INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	239,916	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	37,860	2.00
	TOTALS		0	277,776	
	C - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,448,558	1.00
	TOTALS		0	10,448,558	
	D - MED SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	17,116,647	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	23,936,085	2.00
3.00	OP PSYCH	76.10	0	118	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
	TOTALS		0	41,052,850	
	E - ALLOCATED SALARY				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,249,804	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	841,224	2.00
	TOTALS		0	4,091,028	
	F - MME				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,198,312	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	79,936	2.00
	TOTALS		0	10,278,248	
	G - IV THERAPY				
1.00	OTHER	76.00	3,234,901	315,229	1.00
	TOTALS		3,234,901	315,229	
	I - PHARMACIST TEACHING				
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	173,878	0	1.00
	TOTALS		173,878	0	
	J - DEFAULT				
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	76,811	1.00
	TOTALS		0	76,811	
500.00	Grand Total: Increases		5,223,598	68,092,719	500.00

RECLASSIFICATIONS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/23/2013 5:07 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	1,814,819	1,552,219	0		1.00
	TOTALS		1,814,819	1,552,219			
	B - CAPITAL INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	277,776	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	277,776			
	C - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	10,448,558	11		1.00
	TOTALS		0	10,448,558			
	D - MED SUPPLIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	18,109	0		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	3,396	0		2.00
3.00	OPERATION OF PLANT	7.00	0	5,648	0		3.00
4.00	HOUSEKEEPING	9.00	0	3,851	0		4.00
5.00	DIETARY	10.00	0	18,033	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	6,856	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,900,950	0		7.00
8.00	PHARMACY	15.00	0	844,946	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	621	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,395,979	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	347,856	0		11.00
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	257,270	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	71,752	0		13.00
14.00	NURSERY	43.00	0	43,855	0		14.00
15.00	OPERATING ROOM	50.00	0	23,186,130	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,228,230	0		16.00
17.00	LABORATORY	60.00	0	2,512,941	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	249,069	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	291,777	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	6,980,743	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,903	0		21.00
22.00	OTHER	76.00	0	12,739	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	4,745	0		23.00
24.00	EMERGENCY	91.00	0	628,945	0		24.00
25.00	OTHER NRCC	192.01	0	17,506	0		25.00
	TOTALS		0	41,052,850			
	E - ALLOCATED SALARY						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,249,804	0	0		1.00
2.00	EMPLOYEE BENEFITS	4.00	841,224	0	0		2.00
	TOTALS		4,091,028	0			
	F - MME						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,195,188	9		1.00
2.00	OTHER NRCC	192.01	0	83,060	9		2.00
	TOTALS		0	10,278,248			
	G - IV THERAPY						
1.00	ADULTS & PEDIATRICS	30.00	3,234,901	315,229	0		1.00
	TOTALS		3,234,901	315,229			
	I - PHARMACIST TEACHING						
1.00	PHARMACY	15.00	173,878	0	0		1.00
	TOTALS		173,878	0			
	J - DEFAULT						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	76,811	0		1.00
	TOTALS		0	76,811			
500.00	Grand Total: Decreases		9,314,626	64,001,691			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part I | Date/Time Prepared: 5/23/2013 5:07 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,884,595	0	0	0	0	1.00
2.00	Land Improvements	3,208,539	0	0	0	0	2.00
3.00	Buildings and Fixtures	322,395,286	7,522,035	0	7,522,035	0	3.00
4.00	Building Improvements	1,439,521	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	121,573,028	8,000,573	0	8,000,573	2,320,298	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	450,500,969	15,522,608	0	15,522,608	2,320,298	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	450,500,969	15,522,608	0	15,522,608	2,320,298	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,884,595	0	1.00
2.00	Land Improvements	3,208,539	0	2.00
3.00	Buildings and Fixtures	329,917,321	0	3.00
4.00	Building Improvements	1,439,521	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	127,253,303	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	463,703,279	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	463,703,279	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part II | Date/Time Prepared: 5/23/2013 5:07 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	21,628,146	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)	21,628,146	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	21,628,146		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	21,628,146		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part III | Date/Time Prepared: 5/23/2013 5:07 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	328,927,941	0	328,927,941	0.721047	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	127,253,303	0	127,253,303	0.278953	0	2.00
3.00	Total (sum of lines 1-2)	456,181,244	0	456,181,244	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	11,429,835	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,468,411	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,898,246	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	6,733,409	239,916	0	0	18,403,160	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	37,860	0	0	15,506,271	2.00
3.00	Total (sum of lines 1-2)	6,733,409	277,776	0	0	33,909,431	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/23/2013 5:07 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	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	-4,137,827			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	-2,133,952			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - 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	*** Cost Center Deleted ***	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/23/2013 5:07 pm

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	MISC INCOME	B	-450	EMPLOYEE BENEFITS	4.00	0	33.00
34.00	MISC INCOME	B	-508,289	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00	MISC INCOME	B	-296,035	OPERATION OF PLANT	7.00	0	35.00
36.00	MISC INCOME	B	-2,002,175	DIETARY	10.00	0	36.00
37.00	MISC INCOME	B	-22,895	NURSING ADMINISTRATION	13.00	0	37.00
38.00	MISC INCOME	B	-100,744	PHARMACY	15.00	0	38.00
39.00	MISC INCOME	B	-22,565	MEDICAL RECORDS & LIBRARY	16.00	0	39.00
40.00	MISC INCOME	B	-7,010	ADULTS & PEDIATRICS	30.00	0	40.00
41.00	MISC INCOME	B	-3,150	INTENSIVE CARE UNIT	31.00	0	41.00
42.00	MISC INCOME	B	-20,150	SUBPROVIDER - IRF	41.00	9	42.00
42.01	MISC INCOME	B	-852	OPERATING ROOM	50.00	9	42.01
42.02	MISC INCOME	B	-38,850	RADIOLOGY-DIAGNOSTIC	54.00	0	42.02
42.03	MISC INCOME	B	-46,429	LABORATORY	60.00	0	42.03
43.00	MISC INCOME	B	-31,904	PHYSICAL THERAPY	66.00	0	43.00
44.00	MISC INCOME	B	-5,400	ELECTROCARDIOLOGY	69.00	0	44.00
45.00	MISC INCOME	B	-2,365	CARDIAC REHABILITATION	76.97	0	45.00
45.01	NONALLOWABLE EXP	B	-29,823	ADMINISTRATIVE & GENERAL	5.00	0	45.01
45.02	MARKETING OFFSET	B	-511,215	ADMINISTRATIVE & GENERAL	5.00	0	45.02
45.03	DUES LOBBYING PORTION	B	-36,167	ADMINISTRATIVE & GENERAL	5.00	0	45.03
45.04	NRCC DEPR EXP	B	-83,059	CAP REL COSTS-BLDG & FIXT	1.00	9	45.04
45.05	PATIENT TRANSPORTATION	B	-149,370	PHYSICAL THERAPY	66.00	0	45.05
45.06	NONALLOWABLE EXP	B	-42	NURSING ADMINISTRATION	13.00	0	45.06
45.08	NONALLOWABLE EXP	B	-16	EMPLOYEE BENEFITS	4.00	0	45.08
45.09			0		0.00	0	45.09
45.10			0		0.00	0	45.10
45.11			0		0.00	0	45.11
45.12			0		0.00	0	45.12
45.13			0		0.00	9	45.13
45.14			0		0.00	0	45.14
45.15			0		0.00	0	45.15
45.16			0		0.00	0	45.16
46.00			0		0.00	0	46.00
47.00			0		0.00	0	47.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,190,734				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-1 | Date/Time Prepared: 5/23/2013 5:07 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	EB	5,126,661	5,711,213	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	AG	25,804,371	28,288,727	2.00
3.00	31.00	INTENSIVE CARE UNIT	EICU	521,801	786,834	3.00
4.00	34.00	SURGICAL INTENSIVE CARE UNIT	EICU	521,801	786,834	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	CPACS	1,214,484	1,304,412	4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	6,723,051	10,438,200	4.02
4.03	2.00	CAP REL COSTS-MVBLE EQUIP	DEPR	5,270,099	0	4.03
4.04	60.00	LABORATORY	ALVERNO	12,103,673	12,103,673	4.04
5.00	0		0	57,285,941	59,419,893	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		
	Symbol (1)	Name	Percentage of Ownership	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	PROVENA HEALTH	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 140007	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8-1 Date/Time Prepared: 5/23/2013 5:07 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-584,552	0		1.00
2.00	-2,484,356	0		2.00
3.00	-265,033	0		3.00
4.00	-265,033	0		4.00
4.01	-89,928	0		4.01
4.02	-3,715,149	11		4.02
4.03	5,270,099	9		4.03
4.04	0	0		4.04
5.00	-2,133,952			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-2 | Date/Time Prepared: 5/23/2013 5:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	869,388	804,838	64,550	177,200	562	2.00
3.00	13.00	NURSING ADMINISTRATION	45,000	45,000	0	0	0	3.00
4.00	15.00	PHARMACY	10,207	10,207	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	1,243,988	814,650	429,338	138,700	4,019	5.00
6.00	31.00	INTENSIVE CARE UNIT	92,373	92,373	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	70,000	70,000	0	0	0	7.00
8.00	50.00	OPERATING ROOM	759,054	718,004	41,050	208,000	205	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	666,908	666,908	0	0	0	9.00
10.00	60.00	LABORATORY	200,004	200,004	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	30,000	2,500	27,500	177,200	275	11.00
12.00	69.00	ELECTROCARDIOLOGY	226,662	195,862	30,800	165,600	308	12.00
13.00	76.00	OTHER	1,850	1,850	0	0	0	13.00
14.00	91.00	EMERGENCY	317,819	303,919	13,900	208,000	111	14.00
200.00			4,533,253	3,926,115	607,138		5,480	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	0.00		0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	47,878	2,394	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	15.00	PHARMACY	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	267,998	13,400	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	20,500	1,025	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	23,428	1,171	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	24,522	1,226	0	0	0	12.00
13.00	76.00	OTHER	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	11,100	555	0	0	0	14.00
200.00			395,426	19,771	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	0.00		0	0	0	0		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	47,878	16,672	821,510		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	45,000		3.00
4.00	15.00	PHARMACY	0	0	0	10,207		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	267,998	161,340	975,990		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	92,373		6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	70,000		7.00
8.00	50.00	OPERATING ROOM	0	20,500	20,550	738,554		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	666,908		9.00
10.00	60.00	LABORATORY	0	0	0	200,004		10.00
11.00	65.00	RESPIRATORY THERAPY	0	23,428	4,072	6,572		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	24,522	6,278	202,140		12.00
13.00	76.00	OTHER	0	0	0	1,850		13.00
14.00	91.00	EMERGENCY	0	11,100	2,800	306,719		14.00
200.00			0	395,426	211,712	4,137,827		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	18,403,160	18,403,160				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,506,271		15,506,271			2.00
4.00	00400	EMPLOYEE BENEFITS	36,966,219	85,340	14,858	37,066,417		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	60,475,344	4,577,056	1,280,309	3,481,112	69,813,821	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	12,446,085	2,689,400	1,640,490	892,230	17,668,205	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,402,221	120,052	2,001	48,055	1,572,329	8.00
9.00	00900	HOUSEKEEPING	4,334,286	225,011	170,844	795,817	5,525,958	9.00
10.00	01000	DIETARY	1,143,073	183,192	62,372	461,219	1,849,856	10.00
11.00	01100	CAFETERIA	3,367,038	249,362	84,897	513,018	4,214,315	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,988,943	72,286	89,512	1,352,372	6,503,113	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,640,328	361,653	364,956	442,416	3,809,353	14.00
15.00	01500	PHARMACY	19,308,932	55,023	29,016	1,107,842	20,500,813	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,185,568	148,405	34,092	1,009,179	6,377,244	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	76,811	0	0	0	76,811	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	317,718	4,489	0	85,539	407,746	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,186,115	4,982,456	1,147,126	9,933,714	52,249,411	30.00
31.00	03100	INTENSIVE CARE UNIT	6,838,014	512,097	364,294	1,743,102	9,457,507	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,651,124	406,333	257,249	1,132,256	6,446,962	34.00
41.00	04100	SUBPROVIDER - IRF	2,749,104	319,740	13,400	760,392	3,842,636	41.00
43.00	04300	NURSERY	1,607,088	161,235	67,511	448,362	2,284,196	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,031,267	737,463	3,279,475	2,645,016	19,693,221	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,290,015	828,601	4,362,630	2,726,667	20,207,913	54.00
60.00	06000	LABORATORY	12,251,212	424,643	1,394	659	12,677,908	60.00
65.00	06500	RESPIRATORY THERAPY	2,914,561	41,108	93,443	649,816	3,698,928	65.00
66.00	06600	PHYSICAL THERAPY	8,422,051	21,826	157,536	1,918,740	10,520,153	66.00
69.00	06900	ELECTROCARDIOLOGY	3,517,735	341,286	1,596,543	943,243	6,398,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	372,312	76,737	35,595	102,004	586,648	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	17,116,647	0	0	0	17,116,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,936,085	0	0	0	23,936,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	4,439,836	0	44,014	1,137,226	5,621,076	76.00
76.10	03551	OP PSYCH	183,382	0	6,248	51,839	241,469	76.10
76.97	07697	CARDIAC REHABILITATION	435,539	110,701	16,473	122,178	684,891	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,129,756	606,900	219,839	1,950,189	10,906,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	345,633,840	18,342,395	15,436,117	36,454,202	344,890,706	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	8,954,239	60,765	70,154	612,215	9,697,373	192.01
194.00	07950	OTHER NON-REIMBURSABLE	244	0	0	0	244	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	354,588,323	18,403,160	15,506,271	37,066,417	354,588,323	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I | Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		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	69,813,821					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,331,449	0	21,999,654			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	385,464	0	238,985	2,196,778		8.00
9.00	00900	HOUSEKEEPING	1,354,716	0	447,924	0	7,328,598	9.00
10.00	01000	DIETARY	453,501	0	364,676	0	358,464	10.00
11.00	01100	CAFETERIA	1,033,160	0	496,399	0	93,294	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,594,271	0	143,897	0	51,670	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	933,882	0	719,932	0	26,553	14.00
15.00	01500	PHARMACY	5,025,877	0	109,533	0	10,765	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,563,413	0	295,427	0	17,941	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	18,831	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	99,961	0	8,935	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,809,132	0	9,918,440	1,765,588	3,723,504	30.00
31.00	03100	INTENSIVE CARE UNIT	2,318,555	0	1,019,417	143,530	538,593	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,580,505	0	808,877	60,446	189,458	34.00
41.00	04100	SUBPROVIDER - IRF	942,041	0	636,498	114,308	306,435	41.00
43.00	04300	NURSERY	559,982	0	320,967	112,026	47,006	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,827,892	0	1,468,048	0	756,399	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,954,071	0	1,649,474	0	289,570	54.00
60.00	06000	LABORATORY	3,108,053	0	845,326	0	145,682	60.00
65.00	06500	RESPIRATORY THERAPY	906,811	0	81,833	0	25,118	65.00
66.00	06600	PHYSICAL THERAPY	2,579,068	0	43,448	0	181,923	66.00
69.00	06900	ELECTROCARDIOLOGY	1,568,700	0	679,388	0	151,782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	143,820	0	152,758	0	12,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,196,232	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,868,051	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	1,378,035	0	0	0	0	76.00
76.10	03551	OP PSYCH	59,197	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	167,904	0	220,369	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,673,828	0	1,208,140	880	401,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,436,402	0	21,878,691	2,196,778	7,328,598	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	2,377,359	0	120,963	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	60	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	69,813,821	0	21,999,654	2,196,778	7,328,598	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I | Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		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	3,026,497					10.00
11.00	01100	CAFETERIA	7,602	5,844,770				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	201,268	0	8,494,219		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	153,900	0	0	5,643,620	14.00
15.00	01500	PHARMACY	0	182,569	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	281,213	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	10,226	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,563,014	2,218,660	0	4,988,822	0	30.00
31.00	03100	INTENSIVE CARE UNIT	62,248	280,957	0	631,753	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	52,432	207,586	0	466,773	0	34.00
41.00	04100	SUBPROVIDER - IRF	211,530	158,940	0	357,389	0	41.00
43.00	04300	NURSERY	128,507	67,637	0	152,087	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	411,411	0	925,088	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	491,209	0	0	0	54.00
60.00	06000	LABORATORY	0	292	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	138,817	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	324,162	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	165,477	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,570	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	5,643,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	0	30,349	0	68,242	0	76.00
76.10	03551	OP PSYCH	0	10,116	0	22,747	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	23,045	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,164	391,945	0	881,318	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,026,497	5,772,349	0	8,494,219	5,643,620	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	72,421	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,026,497	5,844,770	0	8,494,219	5,643,620	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS A	
			15.00	16.00	17.00	21.00	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	25,829,557					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,535,238				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	95,642	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,008,329	0	0	47,821	30.00
31.00	03100	INTENSIVE CARE UNIT	0	190,165	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	130,285	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	71,804	0	0	0	41.00
43.00	04300	NURSERY	0	34,176	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	712,423	0	0	47,821	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,689,735	0	0	0	54.00
60.00	06000	LABORATORY	0	1,218,400	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	239,438	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	234,121	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	432,199	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,894	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	566,923	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	413,254	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,829,557	793,458	0	0	0	73.00
76.00	03140	OTHER	0	33,865	0	0	0	76.00
76.10	03551	OP PSYCH	0	5,634	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	9,388	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	722,747	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,829,557	8,535,238	0	0	95,642	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	25,829,557	8,535,238	0	0	95,642	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I | Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	526,868					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	91,292,721	-47,821	91,244,900		30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,642,725	0	14,642,725		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,943,324	0	9,943,324		34.00
41.00	04100	SUBPROVIDER - IRF	0	6,641,581	0	6,641,581		41.00
43.00	04300	NURSERY	0	3,706,584	0	3,706,584		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	28,842,303	-47,821	28,794,482		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,281,972	0	29,281,972		54.00
60.00	06000	LABORATORY	0	17,995,661	0	17,995,661		60.00
65.00	06500	RESPIRATORY THERAPY	0	5,090,945	0	5,090,945		65.00
66.00	06600	PHYSICAL THERAPY	0	13,882,875	0	13,882,875		66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,396,353	0	9,396,353		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	947,249	0	947,249		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	27,523,422	0	27,523,422		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,217,390	0	30,217,390		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	526,868	27,149,883	0	27,149,883		73.00
76.00	03140	OTHER	0	7,131,567	0	7,131,567		76.00
76.10	03551	OP PSYCH	0	339,163	0	339,163		76.10
76.97	07697	CARDIAC REHABILITATION	0	1,105,597	0	1,105,597		76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	17,188,588	0	17,188,588		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	526,868	342,319,903	-95,642	342,224,261		118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	12,268,116	0	12,268,116		192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	304	0	304		194.00
194.01	07951	SHARED SERVICES	0	0	0	0		194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0		194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0		194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0		194.05
194.06	07955	PATIENT SITTERS	0	0	0	0		194.06
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	526,868	354,588,323	-95,642	354,492,681		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			0	1.00	2.00	2A	4.00	
		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	0	85,340	14,858	100,198	100,198	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	4,577,056	1,280,309	5,857,365	9,408	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,689,400	1,640,490	4,329,890	2,411	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	120,052	2,001	122,053	130	8.00
9.00	00900	HOUSEKEEPING	0	225,011	170,844	395,855	2,151	9.00
10.00	01000	DIETARY	0	183,192	62,372	245,564	1,247	10.00
11.00	01100	CAFETERIA	0	249,362	84,897	334,259	1,387	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	72,286	89,512	161,798	3,655	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	361,653	364,956	726,609	1,196	14.00
15.00	01500	PHARMACY	0	55,023	29,016	84,039	2,994	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	148,405	34,092	182,497	2,727	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	4,489	0	4,489	231	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,982,456	1,147,126	6,129,582	26,866	30.00
31.00	03100	INTENSIVE CARE UNIT	0	512,097	364,294	876,391	4,711	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	406,333	257,249	663,582	3,060	34.00
41.00	04100	SUBPROVIDER - IRF	0	319,740	13,400	333,140	2,055	41.00
43.00	04300	NURSERY	0	161,235	67,511	228,746	1,212	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	737,463	3,279,475	4,016,938	7,149	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	828,601	4,362,630	5,191,231	7,369	54.00
60.00	06000	LABORATORY	0	424,643	1,394	426,037	2	60.00
65.00	06500	RESPIRATORY THERAPY	0	41,108	93,443	134,551	1,756	65.00
66.00	06600	PHYSICAL THERAPY	0	21,826	157,536	179,362	5,186	66.00
69.00	06900	ELECTROCARDIOLOGY	0	341,286	1,596,543	1,937,829	2,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	76,737	35,595	112,332	276	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	0	0	44,014	44,014	3,074	76.00
76.10	03551	OP PSYCH	0	0	6,248	6,248	140	76.10
76.97	07697	CARDIAC REHABILITATION	0	110,701	16,473	127,174	330	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	606,900	219,839	826,739	5,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	18,342,395	15,436,117	33,778,512	98,543	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	60,765	70,154	130,919	1,655	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	18,403,160	15,506,271	33,909,431	100,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		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	5,866,773					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	363,983	0	4,696,284			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	32,392	0	51,016	205,591		8.00
9.00	00900	HOUSEKEEPING	113,840	0	95,619	0	607,465	9.00
10.00	01000	DIETARY	38,109	0	77,848	0	29,713	10.00
11.00	01100	CAFETERIA	86,819	0	105,967	0	7,733	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	133,971	0	30,718	0	4,283	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	78,476	0	153,685	0	2,201	14.00
15.00	01500	PHARMACY	422,337	0	23,382	0	892	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	131,378	0	63,065	0	1,487	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	1,582	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	8,400	0	1,907	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,076,521	0	2,117,296	165,237	308,640	30.00
31.00	03100	INTENSIVE CARE UNIT	194,834	0	217,616	13,433	44,644	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	132,814	0	172,672	5,657	15,704	34.00
41.00	04100	SUBPROVIDER - IRF	79,162	0	135,874	10,698	25,400	41.00
43.00	04300	NURSERY	47,057	0	68,517	10,484	3,896	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	405,700	0	313,385	0	62,698	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	416,303	0	352,115	0	24,002	54.00
60.00	06000	LABORATORY	261,178	0	180,452	0	12,076	60.00
65.00	06500	RESPIRATORY THERAPY	76,202	0	17,469	0	2,082	65.00
66.00	06600	PHYSICAL THERAPY	216,726	0	9,275	0	15,080	66.00
69.00	06900	ELECTROCARDIOLOGY	131,822	0	145,030	0	12,581	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,086	0	32,609	0	1,041	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	352,620	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	493,107	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	115,800	0	0	0	0	76.00
76.10	03551	OP PSYCH	4,975	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	14,109	0	47,042	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	224,689	0	257,903	82	33,312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,666,992	0	4,670,462	205,591	607,465	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	199,776	0	25,822	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	5	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,866,773	0	4,696,284	205,591	607,465	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		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	392,481					10.00
11.00	01100	CAFETERIA	986	537,151				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	18,497	0	352,922		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,144	0	0	976,311	14.00
15.00	01500	PHARMACY	0	16,779	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,844	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	940	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	332,376	203,899	0	207,279	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,072	25,821	0	26,248	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,799	19,078	0	19,394	0	34.00
41.00	04100	SUBPROVIDER - IRF	27,432	14,607	0	14,849	0	41.00
43.00	04300	NURSERY	16,665	6,216	0	6,319	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	37,810	0	38,436	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,144	0	0	0	54.00
60.00	06000	LABORATORY	0	27	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,758	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	29,791	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	15,208	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,074	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	976,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	0	2,789	0	2,835	0	76.00
76.10	03551	OP PSYCH	0	930	0	945	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	2,118	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	151	36,021	0	36,617	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	392,481	530,495	0	352,922	976,311	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	6,656	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	392,481	537,151	0	352,922	976,311	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS A	
			15.00	16.00	17.00	21.00	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	550,423					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	406,998				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0		1,582	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	48,171	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,085	0			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	6,224	0			34.00
41.00	04100	SUBPROVIDER - IRF	0	3,430	0			41.00
43.00	04300	NURSERY	0	1,633	0			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	34,035	0			50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	79,965	0			54.00
60.00	06000	LABORATORY	0	58,207	0			60.00
65.00	06500	RESPIRATORY THERAPY	0	11,439	0			65.00
66.00	06600	PHYSICAL THERAPY	0	11,185	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	20,648	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,380	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	27,084	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,743	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	550,423	37,906	0			73.00
76.00	03140	OTHER	0	1,618	0			76.00
76.10	03551	OP PSYCH	0	269	0			76.10
76.97	07697	CARDIAC REHABILITATION	0	448	0			76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	34,528	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	550,423	406,998	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0	0			192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0			194.00
194.01	07951	SHARED SERVICES	0	0	0			194.01
194.02	07952	CASE MANAGEMENT	0	0	0			194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0			194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0			194.05
194.06	07955	PATIENT SITTERS	0	0	0			194.06
200.00		Cross Foot Adjustments				0	1,582	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	550,423	406,998	0	0	1,582	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	15,967					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		10,615,867	0	10,615,867		30.00
31.00	03100	INTENSIVE CARE UNIT		1,420,855	0	1,420,855		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		1,044,984	0	1,044,984		34.00
41.00	04100	SUBPROVIDER - IRF		646,647	0	646,647		41.00
43.00	04300	NURSERY		390,745	0	390,745		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		4,916,151	0	4,916,151		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		6,116,129	0	6,116,129		54.00
60.00	06000	LABORATORY		937,979	0	937,979		60.00
65.00	06500	RESPIRATORY THERAPY		256,257	0	256,257		65.00
66.00	06600	PHYSICAL THERAPY		466,605	0	466,605		66.00
69.00	06900	ELECTROCARDIOLOGY		2,265,667	0	2,265,667		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		161,798	0	161,798		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		1,356,015	0	1,356,015		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		512,850	0	512,850		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		588,329	0	588,329		73.00
76.00	03140	OTHER		170,130	0	170,130		76.00
76.10	03551	OP PSYCH		13,507	0	13,507		76.10
76.97	07697	CARDIAC REHABILITATION		191,221	0	191,221		76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY		1,455,313	0	1,455,313		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	33,527,049	0	33,527,049		118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC		364,828	0	364,828		192.01
194.00	07950	OTHER NON-REIMBURSABLE		5	0	5		194.00
194.01	07951	SHARED SERVICES		0	0	0		194.01
194.02	07952	CASE MANAGEMENT		0	0	0		194.02
194.04	07953	OUTPATIENT PHARMACY		0	0	0		194.04
194.05	07954	PRIMARY CARE PHYSICIAN		0	0	0		194.05
194.06	07955	PATIENT SITTERS		0	0	0		194.06
200.00		Cross Foot Adjustments	15,967	17,549	0	17,549		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	15,967	33,909,431	0	33,909,431		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	983,988					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,229,599				2.00
4.00	00400	EMPLOYEE BENEFITS	4,563	8,844	131,123,552			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	244,728	762,062	12,314,542	-69,813,821	284,774,502	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	143,798	976,448	3,156,292	0	17,668,205	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,419	1,191	169,996	0	1,572,329	8.00
9.00	00900	HOUSEKEEPING	12,031	101,689	2,815,229	0	5,525,958	9.00
10.00	01000	DIETARY	9,795	37,125	1,631,577	0	1,849,856	10.00
11.00	01100	CAFETERIA	13,333	50,532	1,814,819	0	4,214,315	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,865	53,279	4,784,059	0	6,503,113	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,337	217,228	1,565,062	0	3,809,353	14.00
15.00	01500	PHARMACY	2,942	17,271	3,919,026	0	20,500,813	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,935	20,292	3,570,002	0	6,377,244	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	76,811	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	240	0	302,597	0	407,746	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	266,404	682,789	35,140,757	0	52,249,411	30.00
31.00	03100	INTENSIVE CARE UNIT	27,381	216,834	6,166,279	0	9,457,507	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,726	153,119	4,005,390	0	6,446,962	34.00
41.00	04100	SUBPROVIDER - IRF	17,096	7,976	2,689,912	0	3,842,636	41.00
43.00	04300	NURSERY	8,621	40,184	1,586,095	0	2,284,196	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,431	1,952,000	9,356,827	0	19,693,221	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,304	2,596,711	9,645,671	0	20,207,913	54.00
60.00	06000	LABORATORY	22,705	830	2,333	0	12,677,908	60.00
65.00	06500	RESPIRATORY THERAPY	2,198	55,619	2,298,743	0	3,698,928	65.00
66.00	06600	PHYSICAL THERAPY	1,167	93,768	6,787,603	0	10,520,153	66.00
69.00	06900	ELECTROCARDIOLOGY	18,248	950,290	3,336,752	0	6,398,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,103	21,187	360,841	0	586,648	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	17,116,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,936,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	0	26,198	4,022,972	0	5,621,076	76.00
76.10	03551	OP PSYCH	0	3,719	183,382	0	241,469	76.10
76.97	07697	CARDIAC REHABILITATION	5,919	9,805	432,207	0	684,891	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	32,450	130,852	6,898,856	0	10,906,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	980,739	9,187,842	128,957,821	-69,813,821	275,076,885	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	3,249	41,757	2,165,731	0	9,697,373	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	244	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,403,160	15,506,271	37,066,417		69,813,821	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.702626	1.680059	0.282683		0.245155	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			100,198		5,866,773	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000764		0.020601	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	MAINTENANCE & REPAIRS (DOLLAR VALUE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (PATIENT DAYS)	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	0					6.00
7.00	00700	OPERATION OF PLANT	0	590,899				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,419	2,477,930			8.00
9.00	00900	HOUSEKEEPING	0	12,031	0	20,424		9.00
10.00	01000	DIETARY	0	9,795	0	999	397,709	10.00
11.00	01100	CAFETERIA	0	13,333	0	260	999	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,865	0	144	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,337	0	74	0	14.00
15.00	01500	PHARMACY	0	2,942	0	30	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,935	0	50	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	240	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	266,404	1,991,556	10,377	336,803	30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,381	161,899	1,501	8,180	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	21,726	68,182	528	6,890	34.00
41.00	04100	SUBPROVIDER - IRF	0	17,096	128,937	854	27,797	41.00
43.00	04300	NURSERY	0	8,621	126,363	131	16,887	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	39,431	0	2,108	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,304	0	807	0	54.00
60.00	06000	LABORATORY	0	22,705	0	406	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,198	0	70	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,167	0	507	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	18,248	0	423	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,103	0	35	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	OTHER	0	0	0	0	0	76.00
76.10	03551	OP PSYCH	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	5,919	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	32,450	993	1,120	153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	587,650	2,477,930	20,424	397,709	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	3,249	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	21,999,654	2,196,778	7,328,598	3,026,497	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	37.230819	0.886538	358.822855	7.609828	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	4,696,284	205,591	607,465	392,481	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	7.947693	0.082969	29.742705	0.986855	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	CAFETERIA (FTE S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE S)	CENTRAL SERVICES & SUPPLY (SUPPLIES)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		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	160,038					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,511	0	103,436			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,214	0	0	39,358,539		14.00
15.00	01500	PHARMACY	4,999	0	0	0	12,633,135	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,700	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	280	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,750	0	60,750	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,693	0	7,693	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,684	0	5,684	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	4,352	0	4,352	0	0	41.00
43.00	04300	NURSERY	1,852	0	1,852	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,265	0	11,265	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,450	0	0	0	0	54.00
60.00	06000	LABORATORY	8	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,801	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,876	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	4,531	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	618	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	39,358,539	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,633,135	73.00
76.00	03140	OTHER	831	0	831	0	0	76.00
76.10	03551	OP PSYCH	277	0	277	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	631	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,732	0	10,732	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,055	0	103,436	39,358,539	12,633,135	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	1,983	0	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,844,770	0	8,494,219	5,643,620	25,829,557	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.521139	0.000000	82.120529	0.143390	2.044588	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	537,151	0	352,922	976,311	550,423	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.356397	0.000000	3.411984	0.024806	0.043570	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/23/2013 5:07 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			16.00	17.00	21.00	22.00	23.00	
		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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	1,844,931,454					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0		100		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			100	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	217,969,861	0	0	50	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,107,862	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,163,729	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	15,521,847	0	0	0	0	41.00
43.00	04300	NURSERY	7,387,715	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	154,004,007	0	0	50	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	365,143,101	0	0	0	0	54.00
60.00	06000	LABORATORY	263,380,898	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	51,759,192	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	50,609,780	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	93,428,126	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,245,937	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	122,551,414	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,332,823	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	171,521,390	0	0	0	100	73.00
76.00	03140	OTHER	7,320,678	0	0	0	0	76.00
76.10	03551	OP PSYCH	1,217,910	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	2,029,333	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	156,235,851	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,844,931,454	0	0	100	100	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	SHARED SERVICES	0	0	0	0	0	194.01
194.02	07952	CASE MANAGEMENT	0	0	0	0	0	194.02
194.04	07953	OUTPATIENT PHARMACY	0	0	0	0	0	194.04
194.05	07954	PRIMARY CARE PHYSICIAN	0	0	0	0	0	194.05
194.06	07955	PATIENT SITTERS	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,535,238	0	0	95,642	526,868	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004626	0.000000	0.000000	956.420000	5,268.680000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	406,998	0	0	1,582	15,967	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000221	0.000000	0.000000	15.820000	159.670000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	Charges Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	91,244,900		91,244,900	161,340	91,406,240	193,051,466	30.00
31.00	03100	INTENSIVE CARE UNIT	14,642,725		14,642,725	0	14,642,725	41,107,862	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,943,324		9,943,324	0	9,943,324	28,163,729	34.00
41.00	04100	SUBPROVIDER - IRF	6,641,581		6,641,581	0	6,641,581	15,521,847	41.00
43.00	04300	NURSERY	3,706,584		3,706,584	0	3,706,584	7,387,715	43.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,794,482		28,794,482	20,550	28,815,032	73,458,708	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,281,972		29,281,972	0	29,281,972	129,265,899	54.00
60.00	06000	LABORATORY	17,995,661		17,995,661	0	17,995,661	139,404,234	60.00
65.00	06500	RESPIRATORY THERAPY	5,090,945	0	5,090,945	4,072	5,095,017	47,658,969	65.00
66.00	06600	PHYSICAL THERAPY	13,882,875	0	13,882,875	0	13,882,875	26,706,946	66.00
69.00	06900	ELECTROCARDIOLOGY	9,396,353		9,396,353	6,278	9,402,631	45,144,569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	947,249		947,249	0	947,249	2,361,245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	27,523,422		27,523,422	0	27,523,422	75,309,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,217,390		30,217,390	0	30,217,390	66,404,612	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,149,883		27,149,883	0	27,149,883	128,995,739	73.00
76.00	03140	OTHER	7,131,567		7,131,567	0	7,131,567	82,376	76.00
76.10	03551	OP PSYCH	339,163		339,163	0	339,163	683,893	76.10
76.97	07697	CARDIAC REHABILITATION	1,105,597		1,105,597	0	1,105,597	17,487	76.97
		OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	17,188,588		17,188,588	2,800	17,191,388	55,540,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	8,901,692		8,901,692		8,901,692	7,214,796	92.00
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	351,125,953	0	351,125,953	195,040	351,320,993	1,083,482,566	200.00
201.00		Less Observation Beds	8,901,692		8,901,692		8,901,692		201.00
202.00		Total (see instructions)	342,224,261	0	342,224,261	195,040	342,419,301	1,083,482,566	202.00

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		193,051,466					30.00
31.00	03100	INTENSIVE CARE UNIT		41,107,862					31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		28,163,729					34.00
41.00	04100	SUBPROVIDER - IRF		15,521,847					41.00
43.00	04300	NURSERY		7,387,715					43.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,545,299	154,004,007	0.186972	0.000000	0.187106		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	235,877,202	365,143,101	0.080193	0.000000	0.080193		54.00
60.00	06000	LABORATORY	123,976,664	263,380,898	0.068326	0.000000	0.068326		60.00
65.00	06500	RESPIRATORY THERAPY	4,100,223	51,759,192	0.098358	0.000000	0.098437		65.00
66.00	06600	PHYSICAL THERAPY	23,902,834	50,609,780	0.274312	0.000000	0.274312		66.00
69.00	06900	ELECTROCARDIOLOGY	48,283,557	93,428,126	0.100573	0.000000	0.100640		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,884,692	6,245,937	0.151658	0.000000	0.151658		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	47,241,917	122,551,414	0.224587	0.000000	0.224587		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,928,211	89,332,823	0.338256	0.000000	0.338256		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,525,651	171,521,390	0.158289	0.000000	0.158289		73.00
76.00	03140	OTHER	7,238,302	7,320,678	0.974168	0.000000	0.974168		76.00
76.10	03551	OP PSYCH	534,017	1,217,910	0.278480	0.000000	0.278480		76.10
76.97	07697	CARDIAC REHABILITATION	2,011,846	2,029,333	0.544808	0.000000	0.544808		76.97
		OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	100,694,874	156,235,851	0.110017	0.000000	0.110035		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	17,703,599	24,918,395	0.357234	0.000000	0.357234		92.00
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
200.00		Subtotal (see instructions)	761,448,888	1,844,931,454					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	761,448,888	1,844,931,454					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/23/2013 5:07 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	Charges Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	91,244,900		91,244,900	0	0	193,051,466	30.00
31.00	03100	INTENSIVE CARE UNIT	14,642,725		14,642,725	0	0	41,107,862	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,943,324		9,943,324	0	0	28,163,729	34.00
41.00	04100	SUBPROVIDER - IRF	6,641,581		6,641,581	0	0	15,521,847	41.00
43.00	04300	NURSERY	3,706,584		3,706,584	0	0	7,387,715	43.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,794,482		28,794,482	0	0	73,458,708	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,281,972		29,281,972	0	0	129,265,899	54.00
60.00	06000	LABORATORY	17,995,661		17,995,661	0	0	139,404,234	60.00
65.00	06500	RESPIRATORY THERAPY	5,090,945	0	5,090,945	0	0	47,658,969	65.00
66.00	06600	PHYSICAL THERAPY	13,882,875	0	13,882,875	0	0	26,706,946	66.00
69.00	06900	ELECTROCARDIOLOGY	9,396,353		9,396,353	0	0	45,144,569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	947,249		947,249	0	0	2,361,245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	27,523,422		27,523,422	0	0	75,309,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,217,390		30,217,390	0	0	66,404,612	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,149,883		27,149,883	0	0	128,995,739	73.00
76.00	03140	OTHER	7,131,567		7,131,567	0	0	82,376	76.00
76.10	03551	OP PSYCH	339,163		339,163	0	0	683,893	76.10
76.97	07697	CARDIAC REHABILITATION	1,105,597		1,105,597	0	0	17,487	76.97
		OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	17,188,588		17,188,588	0	0	55,540,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	8,901,692		8,901,692		0	7,214,796	92.00
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	351,125,953	0	351,125,953	0	0	1,083,482,566	200.00
201.00		Less Observation Beds	8,901,692		8,901,692		0		201.00
202.00		Total (see instructions)	342,224,261	0	342,224,261	0	0	1,083,482,566	202.00

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		193,051,466					30.00
31.00	03100	INTENSIVE CARE UNIT		41,107,862					31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		28,163,729					34.00
41.00	04100	SUBPROVIDER - IRF		15,521,847					41.00
43.00	04300	NURSERY		7,387,715					43.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,545,299	154,004,007	0.186972	0.000000	0.000000		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	235,877,202	365,143,101	0.080193	0.000000	0.000000		54.00
60.00	06000	LABORATORY	123,976,664	263,380,898	0.068326	0.000000	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	4,100,223	51,759,192	0.098358	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	23,902,834	50,609,780	0.274312	0.000000	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	48,283,557	93,428,126	0.100573	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,884,692	6,245,937	0.151658	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	47,241,917	122,551,414	0.224587	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,928,211	89,332,823	0.338256	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,525,651	171,521,390	0.158289	0.000000	0.000000		73.00
76.00	03140	OTHER	7,238,302	7,320,678	0.974168	0.000000	0.000000		76.00
76.10	03551	OP PSYCH	534,017	1,217,910	0.278480	0.000000	0.000000		76.10
76.97	07697	CARDIAC REHABILITATION	2,011,846	2,029,333	0.544808	0.000000	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	100,694,874	156,235,851	0.110017	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	17,703,599	24,918,395	0.357234	0.000000	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/23/2013 5:07 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
200.00		Subtotal (see instructions)	761,448,888	1,844,931,454					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	761,448,888	1,844,931,454					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part I Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,615,867	0	10,615,867	106,268	99.90	30.00
31.00	INTENSIVE CARE UNIT	1,420,855		1,420,855	2,796	508.17	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,044,984		1,044,984	2,444	427.57	34.00
41.00	SUBPROVIDER - IRF	646,647	0	646,647	8,943	72.31	41.00
43.00	NURSERY	390,745		390,745	4,411	88.58	43.00
200.00	Total (lines 30-199)	14,119,098		14,119,098	124,862		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	48,007	4,795,899	30.00
31.00	INTENSIVE CARE UNIT	1,570	797,827	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,394	596,033	34.00
41.00	SUBPROVIDER - IRF	6,868	496,625	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	57,839	6,686,384	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,916,151	154,004,007	0.031922	36,099,718	1,152,375	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,116,129	365,143,101	0.016750	77,507,156	1,298,245	54.00
60.00	06000	LABORATORY	937,979	263,380,898	0.003561	81,474,504	290,131	60.00
65.00	06500	RESPIRATORY THERAPY	256,257	51,759,192	0.004951	18,836,521	93,260	65.00
66.00	06600	PHYSICAL THERAPY	466,605	50,609,780	0.009220	9,950,526	91,744	66.00
69.00	06900	ELECTROCARDIOLOGY	2,265,667	93,428,126	0.024250	32,616,565	790,952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,798	6,245,937	0.025905	1,218,686	31,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,356,015	122,551,414	0.011065	39,696,642	439,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	512,850	89,332,823	0.005741	29,661,177	170,285	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	588,329	171,521,390	0.003430	67,748,842	232,379	73.00
76.00	03140	OTHER	170,130	7,320,678	0.023240	65,394	1,520	76.00
76.10	03551	OP PSYCH	13,507	1,217,910	0.011090	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	191,221	2,029,333	0.094228	8,825	832	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,455,313	156,235,851	0.009315	28,514,184	265,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,033,834	24,918,395	0.041489	4,750,247	197,083	92.00
200.00		Total (lines 50-199)	20,441,785	1,559,698,835		428,148,987	5,055,229	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part III Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		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	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	106,268	0.00	48,007	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,796	0.00	1,570	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,444	0.00	1,394	0		34.00
41.00	04100	SUBPROVIDER - IRF	8,943	0.00	6,868	0		41.00
43.00	04300	NURSERY	4,411	0.00	0	0		43.00
200.00		Total (lines 30-199)	124,862		57,839	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	526,868	0	526,868	73.00
76.00	03140	OTHER	0	0	0	0	0	76.00
76.10	03551	OP PSYCH	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	526,868	0	526,868	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	154,004,007	0.000000	0.000000	36,099,718	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	365,143,101	0.000000	0.000000	77,507,156	54.00
60.00	06000	LABORATORY	0	263,380,898	0.000000	0.000000	81,474,504	60.00
65.00	06500	RESPIRATORY THERAPY	0	51,759,192	0.000000	0.000000	18,836,521	65.00
66.00	06600	PHYSICAL THERAPY	0	50,609,780	0.000000	0.000000	9,950,526	66.00
69.00	06900	ELECTROCARDIOLOGY	0	93,428,126	0.000000	0.000000	32,616,565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,245,937	0.000000	0.000000	1,218,686	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	122,551,414	0.000000	0.000000	39,696,642	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	89,332,823	0.000000	0.000000	29,661,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	526,868	171,521,390	0.003072	0.003072	67,748,842	73.00
76.00	03140	OTHER	0	7,320,678	0.000000	0.000000	65,394	76.00
76.10	03551	OP PSYCH	0	1,217,910	0.000000	0.000000	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	2,029,333	0.000000	0.000000	8,825	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	156,235,851	0.000000	0.000000	28,514,184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	24,918,395	0.000000	0.000000	4,750,247	92.00
200.00		Total (lines 50-199)	526,868	1,559,698,835			428,148,987	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	25,064,191	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,707,081	0		54.00
60.00	06000	LABORATORY	0	4,169,922	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	639,830	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,588,751	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	16,221,211	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,188,666	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	13,145,728	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,784,652	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	208,124	12,093,648	37,152		73.00
76.00	03140	OTHER	0	2,953,369	0		76.00
76.10	03551	OP PSYCH	0	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	801,227	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	15,451,076	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	5,737,832	0		92.00
200.00		Total (lines 50-199)	208,124	170,547,184	37,152		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.186972	25,064,191	4,158	0	4,686,302	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.080193	61,707,081	0	0	4,948,476	54.00
60.00	06000	LABORATORY	0.068326	4,169,922	0	0	284,914	60.00
65.00	06500	RESPIRATORY THERAPY	0.098358	639,830	0	0	62,932	65.00
66.00	06600	PHYSICAL THERAPY	0.274312	1,588,751	0	0	435,813	66.00
69.00	06900	ELECTROCARDIOLOGY	0.100573	16,221,211	26	0	1,631,416	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151658	1,188,666	0	0	180,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.224587	13,145,728	142,730	0	2,952,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.338256	9,784,652	0	0	3,309,717	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158289	12,093,648	1,558	41,984	1,914,291	73.00
76.00	03140	OTHER	0.974168	2,953,369	0	0	2,877,078	76.00
76.10	03551	OP PSYCH	0.278480	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.544808	801,227	0	0	436,515	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.110017	15,451,076	0	0	1,699,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.357234	5,737,832	0	0	2,049,749	92.00
200.00		Subtotal (see instructions)		170,547,184	148,472	41,984	27,469,715	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		170,547,184	148,472	41,984	27,469,715	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	777	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	3	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	32,055	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247	6,646		73.00
76.00	03140	OTHER	0	0		76.00
76.10	03551	OP PSYCH	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00		Subtotal (see instructions)	33,082	6,646		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	33,082	6,646		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140007 | Component CCN: 14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,916,151	154,004,007	0.031922	99,105	3,164	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,116,129	365,143,101	0.016750	611,205	10,238	54.00
60.00	06000	LABORATORY	937,979	263,380,898	0.003561	2,672,635	9,517	60.00
65.00	06500	RESPIRATORY THERAPY	256,257	51,759,192	0.004951	693,827	3,435	65.00
66.00	06600	PHYSICAL THERAPY	466,605	50,609,780	0.009220	9,147,660	84,341	66.00
69.00	06900	ELECTROCARDIOLOGY	2,265,667	93,428,126	0.024250	372,113	9,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,798	6,245,937	0.025905	14,143	366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,356,015	122,551,414	0.011065	1,018,860	11,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	512,850	89,332,823	0.005741	7,833	45	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	588,329	171,521,390	0.003430	2,814,577	9,654	73.00
76.00	03140	OTHER	170,130	7,320,678	0.023240	0	0	76.00
76.10	03551	OP PSYCH	13,507	1,217,910	0.011090	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	191,221	2,029,333	0.094228	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,455,313	156,235,851	0.009315	71,776	669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	24,918,395	0.000000	0	0	92.00
200.00		Total (lines 50-199)	19,407,951	1,559,698,835		17,523,734	141,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140007 | Component CCN: 14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	526,868	0	526,868	73.00
76.00	03140	OTHER	0	0	0	0	0	76.00
76.10	03551	OP PSYCH	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	526,868	0	526,868	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140007 | Component CCN: 14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	154,004,007	0.000000	0.000000	99,105	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	365,143,101	0.000000	0.000000	611,205	54.00
60.00	06000	LABORATORY	0	263,380,898	0.000000	0.000000	2,672,635	60.00
65.00	06500	RESPIRATORY THERAPY	0	51,759,192	0.000000	0.000000	693,827	65.00
66.00	06600	PHYSICAL THERAPY	0	50,609,780	0.000000	0.000000	9,147,660	66.00
69.00	06900	ELECTROCARDIOLOGY	0	93,428,126	0.000000	0.000000	372,113	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,245,937	0.000000	0.000000	14,143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	122,551,414	0.000000	0.000000	1,018,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	89,332,823	0.000000	0.000000	7,833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	526,868	171,521,390	0.003072	0.003072	2,814,577	73.00
76.00	03140	OTHER	0	7,320,678	0.000000	0.000000	0	76.00
76.10	03551	OP PSYCH	0	1,217,910	0.000000	0.000000	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	2,029,333	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	156,235,851	0.000000	0.000000	71,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	24,918,395	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	526,868	1,559,698,835			17,523,734	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140007 | Component CCN: 14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	365	0		54.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	103	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	122	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,646	0	0		73.00
76.00	03140	OTHER	0	0	0		76.00
76.10	03551	OP PSYCH	0	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	278	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0		92.00
200.00		Total (lines 50-199)	8,646	868	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140007 | Component CCN: 14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.186972	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.080193	365	0	0	29	54.00
60.00	06000	LABORATORY	0.068326	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.098358	103	0	0	10	65.00
66.00	06600	PHYSICAL THERAPY	0.274312	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.100573	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151658	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.224587	122	0	0	27	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.338256	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158289	0	0	600	0	73.00
76.00	03140	OTHER	0.974168	0	0	0	0	76.00
76.10	03551	OP PSYCH	0.278480	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.544808	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.110017	278	0	0	31	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.357234	0	0	0	0	92.00
200.00		Subtotal (see instructions)		868	0	600	97	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		868	0	600	97	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140007 | Component CCN: 14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95		73.00
76.00	03140	OTHER	0	0		76.00
76.10	03551	OP PSYCH	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
200.00		Subtotal (see instructions)	0	95		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	95		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	106,268	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	106,268	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)	95,919	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)	48,007	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)	91,406,240	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)	91,406,240	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	225,140,374	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	225,140,374	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.405997	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)	2,347.19	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)	91,406,240	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)	860.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	41,293,221	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)	41,293,221	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	14,642,725	2,796	5,237.03	1,570	8,222,137	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	9,943,324	2,444	4,068.46	1,394	5,671,433	46.00
47.00	NEO NATAL INTENSIVE CARE						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	61,163,284	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	116,350,075	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)	6,189,759	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5,263,353	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	11,453,112	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	104,896,963	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)	10,349	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	860.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	8,901,692	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	10,615,867	91,406,240	0.116139	8,901,692	1,033,834	90.00
91.00	Nursing School cost	0	91,406,240	0.000000	8,901,692	0	91.00
92.00	Allied health cost	0	91,406,240	0.000000	8,901,692	0	92.00
93.00	All other Medical Education	0	91,406,240	0.000000	8,901,692	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140007 Component CCN: 14T007	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/23/2013 5:07 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	8,943	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	8,943	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)	8,943	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)	6,868	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)	6,641,581	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)	6,641,581	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	15,521,847	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	15,521,847	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.427886	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)	1,735.64	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)	6,641,581	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)	742.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,100,589	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	5,100,589	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN:140007 | Component CCN:14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,552,260	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	8,652,849	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)	496,625	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	150,373	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	646,998	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	8,005,851	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1

Component CCN: 14T007 | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	646,647	6,641,581	0.097363	0	0	90.00
91.00	Nursing School cost	0	6,641,581	0.000000	0	0	91.00
92.00	Allied health cost	0	6,641,581	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,641,581	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		82,764,212		30.00
31.00	03100	INTENSIVE CARE UNIT		22,072,265		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		15,791,634		34.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.187106	36,099,718	6,754,474	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.080193	77,507,156	6,215,531	54.00
60.00	06000	LABORATORY	0.068326	81,474,504	5,566,827	60.00
65.00	06500	RESPIRATORY THERAPY	0.098437	18,836,521	1,854,211	65.00
66.00	06600	PHYSICAL THERAPY	0.274312	9,950,526	2,729,549	66.00
69.00	06900	ELECTROCARDIOLOGY	0.100640	32,616,565	3,282,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151658	1,218,686	184,823	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.224587	39,696,642	8,915,350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.338256	29,661,177	10,033,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158289	67,748,842	10,723,896	73.00
76.00	03140	OTHER	0.974168	65,394	63,705	76.00
76.10	03551	OP PSYCH	0.278480	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.544808	8,825	4,808	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.110035	28,514,184	3,137,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.357234	4,750,247	1,696,950	92.00
200.00		Total (sum of lines 50-94 and 96-98)		428,148,987	61,163,284	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)		428,148,987		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140007 | Component CCN: 14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100	SUBPROVIDER - IRF		11,346,835		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.187106	99,105	18,543	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.080193	611,205	49,014	54.00
60.00	06000	LABORATORY	0.068326	2,672,635	182,610	60.00
65.00	06500	RESPIRATORY THERAPY	0.098437	693,827	68,298	65.00
66.00	06600	PHYSICAL THERAPY	0.274312	9,147,660	2,509,313	66.00
69.00	06900	ELECTROCARDIOLOGY	0.100640	372,113	37,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151658	14,143	2,145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.224587	1,018,860	228,823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.338256	7,833	2,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158289	2,814,577	445,517	73.00
76.00	03140	OTHER	0.974168	0	0	76.00
76.10	03551	OP PSYCH	0.278480	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.544808	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.110035	71,776	7,898	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.357234	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		17,523,734	3,552,260	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)		17,523,734		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140007	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 5:07 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	87,311,028	1.00
2.00	Outlier payments for discharges. (see instructions)	2,766,959	2.00
2.01	Outlier reconciliation amount	0	2.01
3.00	Managed Care Simulated Payments	6,395,201	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	386.72	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	9.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	5.85	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	2.44	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	5.59	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	1.30	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	1.30	12.00
13.00	Total allowable FTE count for the prior year.	1.04	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	1.08	14.00
15.00	Sum of lines 12 through 14 divided by 3.	1.14	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	1.14	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.002948	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.002693	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.002693	21.00
22.00	IME payment adjustment (see instructions)	137,936	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment. (see instructions)	0.000000	27.00
28.00	IME Adjustment (see instructions)	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)	137,936	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.41	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	15.37	31.00
32.00	Sum of lines 30 and 31	18.78	32.00
33.00	Allowable disproportionate share percentage (see instructions)	4.96	33.00
34.00	Disproportionate share adjustment (see instructions)	4,330,627	34.00
	Additional payment for high percentage of ESRD beneficiary discharges		
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	94,546,550	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	94,546,550	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	7,816,101	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	35,534	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140007	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 5:07 pm
	Title XVIII	Hospital	PPS

		1.00	
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).	0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	208,124	58.00
59.00	Total (sum of amounts on lines 49 through 58)	102,606,309	59.00
60.00	Primary payer payments	35,908	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	102,570,401	61.00
62.00	Deductibles billed to program beneficiaries	8,144,700	62.00
63.00	Coinsurance billed to program beneficiaries	515,161	63.00
64.00	Allowable bad debts (see instructions)	1,001,197	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	700,838	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	877,491	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	94,611,378	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.93	HVBP incentive payment (see instructions)	50,821	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)	-216,935	70.94
70.95	Recovery of Accelerated Depreciation	0	70.95
70.96	Low Volume Payment-1	0	70.96
70.97	Low Volume Payment-2	0	70.97
70.98	Low Volume Payment-3	0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	94,445,264	71.00
72.00	Interim payments	93,405,552	72.00
73.00	Tentative settlement (for contractor use only)	0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	1,039,712	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	38,437	75.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)	0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0	93.00
94.00	The rate used to calculate the Time Value of Money	0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)	0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140007	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 5:07 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	39,728	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	27,432,563	2.00
3.00	PPS payments	24,423,649	3.00
4.00	Outlier payment (see instructions)	77,607	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	37,152	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	39,728	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	190,456	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)	190,456	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	190,456	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	150,728	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	39,728	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)	24,538,408	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	24,459	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	5,341,208	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)	19,212,469	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	7,820	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	19,220,289	30.00
31.00	Primary payer payments	5,919	31.00
32.00	Subtotal (line 30 minus line 31)	19,214,370	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)	566,810	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	396,767	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	524,959	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	19,611,137	37.00
38.00	MSP-LCC reconciliation amount from PS&R	182	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	19,610,955	40.00
41.00	Interim payments	19,685,031	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)	-74,076	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:140007 Component CCN:14T007	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 5:07 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	95	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	97	2.00
3.00	PPS payments	229	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	95	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	600	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)	600	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	600	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	505	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	95	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)	229	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)	17	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)	307	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	307	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	307	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)	307	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)	307	40.00
41.00	Interim payments	328	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)	-21	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-1 Part I Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		94,346,127		19,697,266	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	08/02/2012	940,575	08/02/2012	12,235	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)		-940,575		-12,235	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)		93,405,552		19,685,031	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,039,712		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		74,076	6.02
7.00	Total Medicare program liability (see instructions)		94,445,264		19,610,955	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140007 | Component CCN: 14T007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2013 5:07 pm

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		9,233,644		328	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	08/02/2012	25,570		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)		-25,570		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)		9,208,074		328	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		47,072		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		21	6.02
7.00	Total Medicare program liability (see instructions)		9,255,146		307	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140007 Component CCN: 14T007	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/23/2013 5:07 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	8,972,970	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0153	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	154,802	3.00
4.00	Outlier Payments	200,723	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	24.434426	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	9,328,495	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	9,328,495	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	9,328,495	19.00
20.00	Deductibles	42,724	20.00
21.00	Subtotal (line 19 minus line 20)	9,285,771	21.00
22.00	Coinsurance	42,772	22.00
23.00	Subtotal (line 21 minus line 22)	9,242,999	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	5,002	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	3,501	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	4,889	26.00
27.00	Subtotal (sum of lines 23 and 25)	9,246,500	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	8,646	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	9,255,146	32.00
33.00	Interim payments	9,208,074	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	47,072	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	112,229	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	200,723	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-4 | Date/Time Prepared: 5/23/2013 5:07 pm

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				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.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			9.00	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)			5.85	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)			2.44	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			5.59	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.58	6.00
7.00	Enter the lesser of line 5 or line 6			2.58	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.60	1.98	2.58	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.60	1.98	2.58	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.60	1.98		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.96	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.83	0.66		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.83	0.66		17.00
18.00	Per resident amount	55,149.38	48,221.95		18.00
19.00	Approved amount for resident costs	45,774	31,826	77,600	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			77,600	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	57,839	4,278		26.00
27.00	Total Inpatient Days (see instructions)	110,102	110,102		27.00
28.00	Ratio of inpatient days to total inpatient days	0.525322	0.038855		28.00
29.00	Program direct GME amount	40,765	3,015		29.00
30.00	Reduction for direct GME payments for Medicare managed care		426		30.00
31.00	Net Program direct GME amount			43,354	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-4 | Date/Time Prepared: 5/23/2013 5:07 pm

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		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)	125,002,924	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)	35,908	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	124,967,016	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	27,509,635	42.00
43.00	Primary payer payments (see instructions)	5,919	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	27,503,716	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	152,470,732	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.819613	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.180387	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	43,354	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	35,534	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	7,820	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G | Date/Time Prepared: 5/23/2013 5:07 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	27,183,000	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	67,832,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,651,000	0	0	0	7.00
8.00	Prepaid expenses	1,988,000	0	0	0	8.00
9.00	Other current assets	3,053,000	0	0	0	9.00
10.00	Due from other funds	461,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	107,168,000	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,884,595	0	0	0	12.00
13.00	Land improvements	3,208,539	0	0	0	13.00
14.00	Accumulated depreciation	-3,200,036	0	0	0	14.00
15.00	Buildings	331,499,843	0	0	0	15.00
16.00	Accumulated depreciation	-130,865,147	0	0	0	16.00
17.00	Leasehold improvements	1,439,521	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	125,670,782	0	0	0	23.00
24.00	Accumulated depreciation	-86,163,022	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)	243,475,075	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	2,634,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,634,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	353,277,075	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	23,269,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	3,865,000	0	0	0	43.00
44.00	Other current liabilities	42,458,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	69,592,000	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	5,173,075	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	5,173,075	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	74,765,075	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	278,512,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	278,512,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	353,277,075	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-1 | Date/Time Prepared: 5/23/2013 5:07 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		263,849,187		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		17,717,282				2.00
3.00	Total (sum of line 1 and line 2)		281,566,469		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		281,566,469		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	ASSETS RELEASED FROM RESTRICTIONS	3,054,469		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3,054,469		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		278,512,000		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00	ASSETS RELEASED FROM RESTRICTIONS		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: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/23/2013 5:07 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	225,140,374		225,140,374	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	15,521,847		15,521,847	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)	240,662,221		240,662,221	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	41,140,128		41,140,128	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	28,199,535		28,199,535	14.00
15.00	NEO NATAL INTENSIVE CARE				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	69,339,663		69,339,663	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	310,001,884		310,001,884	17.00
18.00	Ancillary services	791,091,500	743,838,068	1,534,929,568	18.00
19.00	Outpatient services	0	10,989,935	10,989,935	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,101,093,384	754,828,003	1,855,921,387	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		364,779,057		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		364,779,057		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140007 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-3 | Date/Time Prepared: 5/23/2013 5:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,855,921,387	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,479,599,514	2.00
3.00	Net patient revenues (line 1 minus line 2)	376,321,873	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	364,779,057	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,542,816	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	5,597,235	24.00
25.00	Total other income (sum of lines 6-24)	5,597,235	25.00
26.00	Total (line 5 plus line 25)	17,140,051	26.00
27.00	OTHER OPERATING EXPENSE	-577,231	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-577,231	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,717,282	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140007	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/23/2013 5:07 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	7,031,533	1.00
2.00	Capital DRG outlier payments	503,307	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	276.39	3.00
4.00	Number of interns & residents (see instructions)	1.14	4.00
5.00	Indirect medical education percentage (see instructions)	0.12	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	8,438	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.41	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	15.37	8.00
9.00	Sum of lines 7 and 8	18.78	9.00
10.00	Allowable disproportionate share percentage (see instructions)	3.88	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	272,823	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	7,816,101	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

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