

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 12/12/2012 1:42 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 12/12/2012 Time: 1:42 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOUNT SINAI HOSPITAL MEDICAL CENTER (140018) for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-936,039	-33,906	0	0	1.00
2.00 Subprovider - IPF	0	57,325	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-878,714	-33,906	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: 140018			Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 12/12/2012 1:40 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 15TH STREET & CALIFORNIA AVE	PO Box:		Zip Code: 60608-		County: COOK				1.00
2.00	City: CHICAGO	State: IL								2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MOUNT SINAI HOSPITAL MEDICAL CENTER	140018	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MOUNT SINAI HOSPITAL MEDICAL CENTER	14S018	16974	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1									17.10
18.00	Renal Dialysis	MOUNT SINAI HOSPITAL MEDICAL CENTER	142302	16974		01/01/2004				18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2011		06/30/2012		20.00
21.00	Type of Control (see instructions)							2		21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1		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.	28,041	6,424	75	0	9,362	630		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural S		Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00
						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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 12/12/2012 1:40 pm		
		Beginning:	Ending:			
		1.00	2.00			
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	
		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	Y	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		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		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

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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	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	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
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 12/12/2012 1:40 pm			
		1.00	2.00	3.00			
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00	
		1.00					
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N					80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N					85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.						86.00
		V	XIX				
		1.00	2.00				
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y				90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N				91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
		1.00		2.00		3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.	0					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		0		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

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		1.00	2.00		
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			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:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:		Zip Code:	
143.00	City:	State:			
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N			145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

		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)								0168.00
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: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 12/12/2012 1:40 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			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			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			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			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			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		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.		Y		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.	NASIM		CORY	41.00
42.00	Enter the employer/company name of the cost report preparer.	MOUNT SINAI HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	43.00

		Part B		
		Y/N	Date	
		3.00	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)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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		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		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		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		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.	DIRECTOR FINANCIAL ANALYSIS SERVICES		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: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	200	73,200	0.00		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						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		200	73,200	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	0.00		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,150	0.00		8.01
9.00 CORONARY CARE UNIT	32.00	21	7,686	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		263	96,258	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,248			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		291				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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	10,064	18,331	44,498		1.00
2.00 HMO		1,831	10,067			2.00
3.00 HMO IPF Subprovider		0	164			3.00
4.00 HMO IRF Subprovider		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	10,064	18,331	44,498		7.00
8.00 INTENSIVE CARE UNIT	0	1,021	2,221	4,104		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	0	6,334	7,834		8.01
9.00 CORONARY CARE UNIT	0	1,404	1,942	4,991		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		4,218	5,602		13.00
14.00 Total (see instructions)	0	12,489	33,046	67,029		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,610	3,817	8,390		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0	0	0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		444	1,338		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)			1,419	2,651		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,510	1.00
2.00 HMO					0	2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	123.84	1,570.21	0.00	0	2,510	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	38.75	0.00	0	244	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00	0.00		19.00
20.00 NURSING FACILITY	0.00	0.00	0.00	0.00		20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00	0.00		21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00	0.00		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00	0.00		23.00
24.00 HOSPICE	0.00	0.00	0.00	0.00		24.00
25.00 CMHC - CMHC	0.00	0.00	0.00	0.00		25.00
25.10 CMHC - CORF	0.00	0.00	0.00	0.00		25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00	0.00		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00	0.00		26.25
27.00 Total (sum of lines 14-26)	123.84	1,608.96	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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	8,749	18,372		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				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
8.01 NEONATAL INTENSIVE CARE UNIT				8.01
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	8,749	18,372		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	699	1,482		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		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
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				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: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col. 2 ± col. 3)	Paid Hours Related to Sal ari es in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	97,276,167	6,071,454	103,347,621	3,494,422.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		3,351,608	0	3,351,608	26,681.00	4.00
4.01	Physicians - Part A - Teaching		2,260,096	0	2,260,096	19,144.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	6,059,319	0	6,059,319	255,524.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,560,849	466,698	3,027,547	87,922.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		995,027	0	995,027	25,188.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		15,038,253	0	15,038,253		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		132,431	0	132,431		18.00
19.00	Excluded areas		445,369	0	445,369		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		582,894	0	582,894		22.00
22.01	Physician Part A - Teaching		393,064	0	393,064		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)		1,053,805	0	1,053,805		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	53,150	889,404	942,554	28,754.00	26.00
27.00	Administrative & General	5.00	5,010,909	4,335,222	9,346,131	330,700.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	71	0	71	2.00	29.00
30.00	Operation of Plant	7.00	818,753	0	818,753	35,492.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	2,013,210	0	2,013,210	169,685.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,904,498	-964,961	939,537	74,765.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	964,961	964,961	76,789.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,452,070	0	3,452,070	90,748.00	38.00
39.00	Central Services and Supply	14.00	420,261	0	420,261	29,603.00	39.00
40.00	Pharmacy	15.00	3,803,348	-174,118	3,629,230	104,896.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,215,014	0	1,215,014	54,662.00	41.00
42.00	Social Service	17.00	721,498	0	721,498	23,983.00	42.00
43.00	Other General Service	18.00	122,258	185,454	307,712	14,535.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	29.58	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	125.62	4.00
4.01	Physicians - Part A - Teaching	118.06	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	23.71	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	34.43	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	39.50	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	32.78	26.00
27.00	Administrative & General	28.26	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	35.50	29.00
30.00	Operation of Plant	23.07	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	11.86	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	12.57	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	12.57	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	38.04	38.00
39.00	Central Services and Supply	14.20	39.00
40.00	Pharmacy	34.60	40.00
41.00	Medical Records & Medical Records Library	22.23	41.00
42.00	Social Service	30.08	42.00
43.00	Other General Service	21.17	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
12/12/2012 1:40 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	88,956,752	6,071,454	95,028,206	3,219,754.00	1.00
2.00	Excluded area salaries (see instructions)	2,560,849	466,698	3,027,547	87,922.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,395,903	5,604,756	92,000,659	3,131,832.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	995,027	0	995,027	25,188.00	4.00
5.00	Subtotal wage-related costs (see inst.)	15,753,578	0	15,753,578	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	103,144,508	5,604,756	108,749,264	3,157,020.00	6.00
7.00	Total overhead cost (see instructions)	19,535,040	5,235,962	24,771,002	1,034,614.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
12/12/2012 1:40 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	29.51	1.00
2.00	Excluded area salaries (see instructions)	34.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	39.50	4.00
5.00	Subtotal wage-related costs (see inst.)	17.12	5.00
6.00	Total (sum of lines 3 thru 5)	34.45	6.00
7.00	Total overhead cost (see instructions)	23.94	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 12/12/2012 1:40 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)		999,587	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)		5,640,302	8.00
9.00	Prescription Drug Plan		1,325,295	9.00
10.00	Dental, Hearing and Vision Plan		159,663	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		238,459	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		962,029	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		7,081,444	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		955,016	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		19,159	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,380,954	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		132,431	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-5

Date/Time Prepared:
12/12/2012 1:40 pm

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	121	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	312	0				5.00
6.00	Number of stations	11	0	0	0		6.00
7.00	Treatment capacity per day per station	4	0				7.00
8.00	Utilization (see instructions)	0.00	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list	0					11.00
12.00	Number of patients transplanted during the cost reporting period	0					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	409,229					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	40,923					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
						MCP	INITIAL METHOD
						1.00	2.00
PHYSICIAN PAYMENT METHOD							
21.00	enter "X" if method(s) is applicable						X

		Home		
		Hemodialysis	CAPD / CCPD	
		5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	0	1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	2.00
3.00	Average patient dialysis time including setup			3.00
4.00	CAPD exchanges per day		0.00	4.00
5.00	Number of days in year dialysis furnished			5.00
6.00	Number of stations			6.00
7.00	Treatment capacity per day per station			7.00
8.00	Utilization (see instructions)			8.00
9.00	Average times dialyzers re-used			9.00
10.00	Percentage of patients re-using dialyzers			10.00
TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list			11.00
12.00	Number of patients transplanted during the cost reporting period			12.00
EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 12/12/2012 1:40 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.211038		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		154,469,000		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		411,261,000		6.00
7.00	Medicaid cost (line 1 times line 6)		86,791,699		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	126,644,094	0	126,644,094	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	26,726,716	0	26,726,716	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	26,726,716	0	26,726,716	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?				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)			15,191,400	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,364,332	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			13,827,068	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			2,918,037	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			29,644,753	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			29,644,753	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		3,658,363	3,658,363	4,179,718	7,838,081	1.00
2.00	00200		5,245,200	5,245,200	1,183,614	6,428,814	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	53,150	19,428,023	19,481,173	277,195	19,758,368	4.00
5.01	00510	250,133	754,726	1,004,859	-4,429	1,000,430	5.01
5.02	00520	0	5,531,189	5,531,189	-99,128	5,432,061	5.02
5.03	00530	241,096	26,149	267,245	0	267,245	5.03
5.04	00540	1,886,892	307,287	2,194,179	-433,390	1,760,789	5.04
5.05	00550	100,030	2,261,608	2,361,638	0	2,361,638	5.05
5.06	00560	2,532,758	26,935,607	29,468,365	2,235,507	31,703,872	5.06
6.00	00600	71	2,876,176	2,876,247	0	2,876,247	6.00
7.00	00700	818,753	7,038,761	7,857,514	-124,698	7,732,816	7.00
8.00	00800	0	1,047,591	1,047,591	0	1,047,591	8.00
9.00	00900	2,013,210	1,594,698	3,607,908	0	3,607,908	9.00
10.00	01000	1,904,498	2,821,670	4,726,168	-2,365,522	2,360,646	10.00
11.00	01100	0	0	0	2,355,848	2,355,848	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,452,070	1,369,595	4,821,665	-30,439	4,791,226	13.00
14.00	01400	420,261	727,292	1,147,553	-661,028	486,525	14.00
15.00	01500	3,803,348	5,538,043	9,341,391	-5,023,304	4,318,087	15.00
16.00	01600	1,215,014	1,006,449	2,221,463	0	2,221,463	16.00
17.00	01700	721,498	350,532	1,072,030	0	1,072,030	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	122,258	2,757,734	2,879,992	185,454	3,065,446	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	6,059,319	0	6,059,319	0	6,059,319	21.00
22.00	02200	0	732,218	732,218	2,260,096	2,992,314	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	195,879	195,879	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,992,045	5,048,032	25,040,077	-2,186,969	22,853,108	30.00
31.00	03100	1,675,210	387,571	2,062,781	-259,974	1,802,807	31.00
31.01	02060	4,201,371	684,937	4,886,308	-281,373	4,604,935	31.01
32.00	03200	3,269,611	625,238	3,894,849	-319,124	3,575,725	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	2,560,849	88,791	2,649,640	0	2,649,640	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,089,802	48,699	1,138,501	-34,477	1,104,024	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,995,224	11,093,798	18,089,022	-9,216,313	8,872,709	50.00
51.00	05100	1,233,848	110,279	1,344,127	-67,843	1,276,284	51.00
52.00	05200	4,660,315	1,412,378	6,072,693	-521,334	5,551,359	52.00
53.00	05300	495,886	3,740,633	4,236,519	-448,383	3,788,136	53.00
54.00	05400	4,423,241	3,173,815	7,597,056	-1,168,140	6,428,916	54.00
55.00	05500	360,320	562,013	922,333	-90,120	832,213	55.00
56.00	05600	277,527	307,127	584,654	0	584,654	56.00
57.00	05700	757,154	554,802	1,311,956	-63,208	1,248,748	57.00
58.00	05800	393,781	219,599	613,380	-7,072	606,308	58.00
59.00	05900	594,243	1,787,087	2,381,330	-1,449,682	931,648	59.00
60.00	06000	5,194,954	6,769,131	11,964,085	-794,928	11,169,157	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	644,879	1,783,616	2,428,495	0	2,428,495	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,549,167	728,100	2,277,267	-274,878	2,002,389	65.00
65.01	03560	5	1,234	1,239	132,700	133,939	65.01
66.00	06600	435,907	65,780	501,687	0	501,687	66.00
67.00	06700	321,265	7,289	328,554	0	328,554	67.00
68.00	06800	207,592	4,935	212,527	0	212,527	68.00
69.00	06900	623,182	948,041	1,571,223	115,978	1,687,201	69.00
70.00	07000	239,304	50,960	290,264	-1,439	288,825	70.00
71.00	07100	0	0	0	6,240,660	6,240,660	71.00
72.00	07200	0	0	0	7,454,392	7,454,392	72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
12/12/2012 1:40 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,976,397	7,976,397	73.00
74.00	07400	RENAL DIALYSIS	1,476,696	885,163	2,361,859	56,703	2,418,562	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	640,520	3,472,472	4,112,992	-3,281,884	831,108	90.01
90.02	04951	ENT	288,643	86,895	375,538	-10,462	365,076	90.02
90.03	04952	UNDER THE RAINBOW	1,131,818	215,303	1,347,121	0	1,347,121	90.03
90.04	09002	SPASTICITY CLINIC	69,323	589,586	658,909	0	658,909	90.04
91.00	09100	EMERGENCY	5,878,126	2,464,747	8,342,873	-674,298	7,668,575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	4,942,850	4,942,850	-4,942,850	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,276,167	144,869,812	242,145,979	13,452	242,159,431	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	4,860,864	4,860,864	0	4,860,864	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	280	280	12,398	12,678	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	2,096	2,096	192.01
192.02	19202	DAY PSYCH	0	0	0	24	24	192.02
192.03	19203	FAMILY PLANNING	0	0	0	755	755	192.03
192.04	19204	DEVELOPMENT	0	404,978	404,978	-28,789	376,189	192.04
192.05	19205	DENTISTRY	0	2,231	2,231	64	2,295	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	97,276,167	150,138,165	247,414,332	0	247,414,332	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
12/12/2012 1:40 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	-623,575	7,214,506	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,428,814	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-1,776,159	17,982,209	4.00
5.01	00510	NONPATIENT TELEPHONES	-128,341	872,089	5.01
5.02	00520	DATA PROCESSING	0	5,432,061	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	267,245	5.03
5.04	00540	ADMINISTRATIVE	0	1,760,789	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	2,361,638	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-9,132,932	22,570,940	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,876,247	6.00
7.00	00700	OPERATION OF PLANT	-1,896,882	5,835,934	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,047,591	8.00
9.00	00900	HOUSEKEEPING	0	3,607,908	9.00
10.00	01000	DIETARY	0	2,360,646	10.00
11.00	01100	CAFETERIA	-1,356,844	999,004	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-18,927	4,772,299	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	486,525	14.00
15.00	01500	PHARMACY	-1,258,949	3,059,138	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-11,416	2,210,047	16.00
17.00	01700	SOCIAL SERVICE	-5,834	1,066,196	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	3,065,446	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,059,319	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-71,875	2,920,439	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	195,879	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-527,983	22,325,125	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,802,807	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,604,935	31.01
32.00	03200	CORONARY CARE UNIT	0	3,575,725	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-44,934	2,604,706	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,104,024	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-511,144	8,361,565	50.00
51.00	05100	RECOVERY ROOM	0	1,276,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,551,359	52.00
53.00	05300	ANESTHESIOLOGY	-1,679,794	2,108,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-292,209	6,136,707	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	832,213	55.00
56.00	05600	RADIOISOTOPE	-2,583	582,071	56.00
57.00	05700	CT SCAN	-8,064	1,240,684	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,272	604,036	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	931,648	59.00
60.00	06000	LABORATORY	-514,771	10,654,386	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,428,495	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,219	2,001,170	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	133,939	65.01
66.00	06600	PHYSICAL THERAPY	-3,646	498,041	66.00
67.00	06700	OCCUPATIONAL THERAPY	-670	327,884	67.00
68.00	06800	SPEECH PATHOLOGY	-744	211,783	68.00
69.00	06900	ELECTROCARDIOLOGY	-196	1,687,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	288,825	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-428,691	5,811,969	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-545,606	6,908,786	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,976,397	73.00
74.00	07400	RENAL DIALYSIS	-54,332	2,364,230	74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
75.00	07500 ASC (NON-DISTINCT PART)	6.00	7.00	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	831,108	90.01
90.02	04951 ENT	0	365,076	90.02
90.03	04952 UNDER THE RAINBOW	-37,463	1,309,658	90.03
90.04	09002 SPASTICITY CLINIC	0	658,909	90.04
91.00	09100 EMERGENCY	-152,860	7,515,715	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-21,090,915	221,068,516	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	-4,177,451	683,413	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	12,678	192.00
192.01	19201 KLING OFFICE BLDG	0	2,096	192.01
192.02	19202 DAY PSYCH	0	24	192.02
192.03	19203 FAMILY PLANNING	0	755	192.03
192.04	19204 DEVELOPMENT	0	376,189	192.04
192.05	19205 DENTISTRY	0	2,295	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	-25,268,366	222,145,966	200.00

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
12/12/2012 1:40 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - PHYSICIANS TEACHING RECLASS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,260,096	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			2,260,096	0	
C - THORACIC MED SALARY RECLASS					
1.00	PULMONARY FUNCTION TESTING	65.01	132,700	0	1.00
TOTALS			132,700	0	
D - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,970,110	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	972,740	2.00
TOTALS			0	4,942,850	
E - MED SUPPLIES- IMPLANTS DEV RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,240,660	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,454,392	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
TOTALS			0	13,695,052	
F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,976,397	1.00
2.00		0.00	0	0	2.00
TOTALS			0	7,976,397	
G - EQUIPMENT RENTAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,184,031	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
TOTALS			0	1,184,031	
H - ER REGISTRATION RECLASS					
1.00	EMERGENCY	91.00	247,936	0	1.00
TOTALS			247,936	0	
I - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	224,528	1.00
TOTALS			0	224,528	
J - O/P REGISTRATION RECLASS					
1.00	OUTPATIENT ACCOUNTING	18.01	185,454	0	1.00
TOTALS			185,454	0	

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
12/12/2012 1:40 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
K - NURSING CONTINUITY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	120,858	0	1.00	
2.00	EMPLOYEE BENEFITS	4.00	2,125	0	2.00	
	TOTALS		122,983	0		
L - POB FAMILY PLNG DIRECT EXP						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,398	1.00	
2.00	KLING OFFICE BLDG	192.01	0	1,767	2.00	
3.00	FAMILY PLANNING	192.03	0	755	3.00	
	TOTALS		0	14,920		
M - DIETARY/CAFETERIA						
1.00	CAFETERIA	11.00	964,961	0	1.00	
2.00	CAFETERIA	11.00	0	1,390,887	2.00	
	TOTALS		964,961	1,390,887		
N - PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	174,118	0	1.00	
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	21,761	2.00	
	TOTALS		174,118	21,761		
O - SINAI HEALTH SYSTEM RECLASS						
1.00	DATA PROCESSING	5.02	2,093,365	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,523,491	0	2.00	
3.00	EMPLOYEE BENEFITS	4.00	34,334	0	3.00	
4.00	EMPLOYEE BENEFITS	4.00	49,975	0	4.00	
5.00	EMPLOYEE BENEFITS	4.00	543,962	0	5.00	
6.00	EMPLOYEE BENEFITS	4.00	113,053	0	6.00	
7.00	EMPLOYEE BENEFITS	4.00	145,955	0	7.00	
8.00	NONPATIENT TELEPHONES	5.01	151,756	0	8.00	
9.00	DEVELOPMENT	192.04	292,580	0	9.00	
10.00	EMPLOYEE BENEFITS	4.00	0	450,302	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
	TOTALS		5,948,471	450,302		
P - CARDIOLOGY PHYSICAL RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	222,075	0	1.00	
	TOTALS		222,075	0		
R - COMMONWEALTH EDISON METER RENTAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,419	1.00	
	TOTALS		0	34,419		
S - RENAL DIALYSIS PHYSICIAN RECLASS						
1.00	RENAL DIALYSIS	74.00	56,703	0	1.00	
	TOTALS		56,703	0		
T - CAPITAL LEASE RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,762,973	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
	TOTALS		0	1,762,973		
U - EQUIPMT DEPR FOR NON-REIMB COST CNTR						
1.00	DAY PSYCH	192.02	0	24	1.00	
2.00	KLING OFFICE BLDG	192.01	0	329	2.00	
3.00	DENTISTRY	192.05	0	64	3.00	
	TOTALS		0	417		
500.00	Grand Total: Increases		10,315,497	31,698,537	500.00	

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
12/12/2012 1:40 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
B - PHYSICIANS TEACHING RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,432,164	0	0	1.00	
2.00	OPERATING ROOM	50.00	584,095	0	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	44,358	0	0	3.00	
4.00	ANESTHESIOLOGY	53.00	107,565	0	0	4.00	
5.00	LABORATORY	60.00	48,224	0	0	5.00	
6.00	EMERGENCY	91.00	43,690	0	0	6.00	
TOTALS			2,260,096	0	0		
C - THORACIC MED SALARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00	132,700	0	0	1.00	
TOTALS			132,700	0	0		
D - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	4,942,850	11	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			0	4,942,850			
E - MED SUPPLIES- IMPLANTS DEV RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	525,641	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	234,581	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	232,629	0	3.00	
4.00	CORONARY CARE UNIT	32.00	0	318,138	0	4.00	
5.00	NURSERY	43.00	0	34,477	0	5.00	
6.00	OPERATING ROOM	50.00	0	2,538,779	0	6.00	
7.00	RECOVERY ROOM	51.00	0	20,845	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	353,374	0	8.00	
9.00	ANESTHESIOLOGY	53.00	0	307,278	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	522,638	0	10.00	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	7,072	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	142,956	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	134,473	0	13.00	
14.00	EMERGENCY	91.00	0	867,781	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	878	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	21,572	0	16.00	
17.00	CORONARY CARE UNIT	32.00	0	203	0	17.00	
18.00	OPERATING ROOM	50.00	0	5,787,941	0	18.00	
19.00	RECOVERY ROOM	51.00	0	692	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	149,890	0	20.00	
21.00	ANESTHESIOLOGY	53.00	0	33,540	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	435,473	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	1,013,438	0	23.00	
24.00	EMERGENCY	91.00	0	10,763	0	24.00	
TOTALS			0	13,695,052			
F - PHARMACY RECLASS							
1.00	OUTPATIENT CHEMOTHERAPY	90.01	0	3,281,884	0	1.00	
2.00	PHARMACY	15.00	0	4,694,513	0	2.00	
TOTALS			0	7,976,397			
G - EQUIPMENT RENTAL RECLASS							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	709	14	1.00	
2.00	CORONARY CARE UNIT	32.00	0	783	0	2.00	
3.00	ENT	90.02	0	915	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,200	0	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,439	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	3,821	0	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	7,705	0	7.00	
8.00	DIETARY	10.00	0	9,674	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	23,801	0	9.00	
10.00	OPERATING ROOM	50.00	0	54,878	0	10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	387,488	0	11.00	
12.00	LABORATORY	60.00	0	691,618	0	12.00	
TOTALS			0	1,184,031			
H - ER REGISTRATION RECLASS							
1.00	ADMINISTRATIVE	5.04	247,936	0	0	1.00	
TOTALS			247,936	0	0		
I - INSURANCE RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	224,528	12	1.00	
TOTALS			0	224,528			
J - O/P REGISTRATION RECLASS							
1.00	ADMINISTRATIVE	5.04	185,454	0	0	1.00	
TOTALS			185,454	0	0		
K - NURSING CONTINUITY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	122,983	0	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			0	122,983			

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
12/12/2012 1:40 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
L - POB FAMILY PLNG DIRECT EXP							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,920	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	14,920			
M - DIETARY/CAFETERIA							
1.00	DIETARY	10.00	964,961	0	0		1.00
2.00	DIETARY	10.00	0	1,390,887	0		2.00
	TOTALS		964,961	1,390,887			
N - PHARMACY RESIDENCY RECLASS							
1.00	PHARMACY	15.00	174,118	0	0		1.00
2.00	PHARMACY	15.00	0	21,761	0		2.00
	TOTALS		174,118	21,761			
O - SINAI HEALTH SYSTEM RECLASS							
1.00	DATA PROCESSING	5.02	0	2,093,365	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,523,491	0		2.00
3.00	EMPLOYEE BENEFITS	4.00	0	887,278	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00	NONPATIENT TELEPHONES	5.01	0	151,756	0		8.00
9.00	DEVELOPMENT	192.04	0	292,580	0		9.00
10.00		0.00	0	0	0		10.00
11.00	EMPLOYEE BENEFITS	4.00	0	52,250	0		11.00
12.00	NONPATIENT TELEPHONES	5.01	0	4,429	0		12.00
13.00	DATA PROCESSING	5.02	0	89,157	0		13.00
14.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	275,678	0		14.00
15.00	DEVELOPMENT	192.04	0	28,789	0		15.00
	TOTALS		0	6,398,773			
P - CARDIOLOGY PHYSICAL RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	222,075	0	0		1.00
	TOTALS		222,075	0			
R - COMMONWEALTH EDISON METER RENTAL							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,419	14		1.00
	TOTALS		0	34,419			
S - RENAL DIALYSIS PHYSICIAN RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	56,703	0	0		1.00
	TOTALS		56,703	0			
T - CAPITAL LEASE RECLASS							
1.00	DATA PROCESSING	5.02	0	9,971	0		1.00
2.00	OPERATION OF PLANT	7.00	0	124,698	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	30,439	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	273,540	0		4.00
5.00	PHARMACY	15.00	0	132,912	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	46,565	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	48,035	0		7.00
8.00	OPERATING ROOM	50.00	0	250,620	0		8.00
9.00	RECOVERY ROOM	51.00	0	46,306	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,070	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	164,471	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	90,120	0		12.00
13.00	CT SCAN	57.00	0	63,208	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	293,288	0		14.00
15.00	LABORATORY	60.00	0	55,086	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	106,097	0		16.00
17.00	ENT	90.02	0	9,547	0		17.00
	TOTALS		0	1,762,973			
U - EQUIPMT DEPR FOR NON-REIMB COST CNTR							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	417	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	417			
500.00	Grand Total: Decreases		4,244,043	37,769,991			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
12/12/2012 1:40 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,725,650	0	0	0	0	1.00
2.00	Land Improvements	682,066	0	0	0	0	2.00
3.00	Buildings and Fixtures	142,923,610	2,181,098	0	2,181,098	0	3.00
4.00	Building Improvements	346,428	198,695	0	198,695	323,170	4.00
5.00	Fixed Equipment	76,588,236	5,256,526	0	5,256,526	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	222,265,990	7,636,319	0	7,636,319	323,170	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	222,265,990	7,636,319	0	7,636,319	323,170	10.00
SUMMARY OF CAPITAL							
Cost Center Description		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	3,658,363	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,245,200	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,903,563	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,214,506	0	7,214,506	0.528794	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,428,814	0	6,428,814	0.471206	0	2.00
3.00	Total (sum of lines 1-2)	13,643,320	0	13,643,320	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
12/12/2012 1:40 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,725,650	0		1.00	
2.00	Land Improvements	682,066	0		2.00	
3.00	Buildings and Fixtures	145,104,708	0		3.00	
4.00	Building Improvements	221,953	0		4.00	
5.00	Fixed Equipment	81,844,762	0		5.00	
6.00	Movable Equipment	0	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	229,579,139	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	229,579,139	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		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	3,658,363		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,245,200		2.00	
3.00	Total (sum of lines 1-2)	0	8,903,563		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,613,788	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,244,783	0
3.00	Total (sum of lines 1-2)	0	0	0	8,858,571	0

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet A-7 Parts I-III Date/Time Prepared: 12/12/2012 1:40 pm
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Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,363,110	224,528	0	13,080	7,214,506	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,184,031	6,428,814	2.00
3.00	Total (sum of lines 1-2)	3,363,110	224,528	0	1,197,111	13,643,320	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
12/12/2012 1:40 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 #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00
3.00 Investment income - other (chapter 2)		0			0.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00
8.00 Television and radio service (chapter 21)		0			0.00
9.00 Parking lot (chapter 21)		0			0.00
10.00 Provider-based physician adjustment	A-8-2	-1,518,692			
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			
13.00 Laundry and linen service		0			0.00
14.00 Cafeteria-employees and guests		0			0.00
15.00 Rental of quarters to employee and others		0			0.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00
17.00 Sale of drugs to other than patients		0			0.00
18.00 Sale of medical records and abstracts		0			0.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00
20.00 Vending machines		0			0.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00
25.00 Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF		114.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00
29.00 Physicians' assistant					0.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00
34.01 LAB OTHER OPER SRH A8-1	B	-317,803	LABORATORY		60.00
34.03 RENAL OTH OPER SRH A8-1	B	-54,332	RENAL DIALYSIS		74.00
34.04 NUCL MED OTHER OPER SRH A8-1	B	-2,583	RADIOISOTOPE		56.00
34.06 IP COMMUN DIS SRH A8-1	B	-744	SPEECH PATHOLOGY		68.00
34.07 IP PHYSC THER SRH A8-1	B	-3,646	PHYSICAL THERAPY		66.00
34.08 IP OCCUP THER SRH A8-1	B	-670	OCCUPATIONAL THERAPY		67.00
34.09 RESP THER SRH A8-1	B	-1,219	RESPIRATORY THERAPY		65.00
34.11 RADIOLOGY SRH A8-1	B	-472	RADIOLOGY-DIAGNOSTIC		54.00
34.12 CLI SERV SUP OTHER OPER A8-1	B	-1,064	RADIOLOGY-DIAGNOSTIC		54.00
34.13 CT SCAN SRH A8-1	B	-8,064	CT SCAN		57.00
34.14 MRI SRH A8-1	B	-2,272	MAGNETIC RESONANCE IMAGING (MRI)		58.00
34.15 EKG SRH A8-1	B	-196	ELECTROCARDIOLOGY		69.00
34.16 PHARMACY SRH A8-1	B	-1,258,949	PHARMACY		15.00
34.17 VASCULAR SRH A8-1	B	-78,809	RADIOLOGY-DIAGNOSTIC		54.00
34.18 UTR MISC A8-1	B	-3,400	UNDER THE RAINBOW		90.03
34.19 MEDICAL EDUCATION A8-1	B	-71,875	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
34.20 MEDICAL RECORDS A8-1	B	-11,416	MEDICAL RECORDS & LIBRARY		16.00
34.22 SECURITY MISC A8-1	B	-220	OPERATION OF PLANT		7.00
34.24 CAFETERIA MISC A8-1	B	-1,356,844	CAFETERIA		11.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
12/12/2012 1:40 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 #
			1.00	2.00
34.25 ADMIN OTH OPR A8-1	B	-2,509	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.25
34.26 RNTL OTHER A8-1	B	-593,691	OPERATION OF PLANT	7.00 34.26
34.27 ICT RENT REV A8-1	B	-497,306	OPERATION OF PLANT	7.00 34.27
34.28 GEN OTH OPR REV A8-1	B	-41,548	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.28
34.29 PREMIER PURCH A8-2	B	-428,691	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 34.29
34.30 OTHER A&G A8-2	B	-17,549	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.30
34.31 OTHER A&G A8-2	B	-20,857	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.31
34.32 AMORTIZATION LOSS OFFSET A8-3	A	13,080	CAP REL COSTS-BLDG & FIXT	1.00 34.32
34.33 REAL ESTATE TAXES A8-5	A	-50,000	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.33
34.34 ACCELERATED DEPRECIATION A8-6	A	-1,941	CAP REL COSTS-BLDG & FIXT	1.00 34.34
34.35 SATELLITE DEPRECIATION EXP A8-7	A	-10,014	CAP REL COSTS-BLDG & FIXT	1.00 34.35
34.36 SATELLITE DEPRECIATION EXP A8-7	A	-6,547	CAP REL COSTS-BLDG & FIXT	1.00 34.36
34.37 SELF INSURANCE EXP A8-9	A	-3,024,892	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.37
34.38 INVESTMENT INCOME INTEREST A8-11	B	-607,000	CAP REL COSTS-BLDG & FIXT	1.00 34.38
34.39 INVESTMENT INCOME INTEREST A8-11	B	-148,725	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.39
34.40 PASTORAL CARE REVENUE A8-12	B	-50	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.40
34.41 TELEPHONE OFFSET A8-14	A	-128,341	NONPATIENT TELEPHONES	5.01 34.41
34.42 UNEMPLOYMENT INS A8-16	A	-856,857	EMPLOYEE BENEFITS	4.00 34.42
34.43 PATIENT TRANSPORTATION A8-17	A	-740,216	OPERATION OF PLANT	7.00 34.43
34.44 PATIENT TRANSPORTATION A8-17	A	-34,063	UNDER THE RAINBOW	90.03 34.44
34.45 ACLS FEES OFFSET A8-18	B	-18,927	NURSING ADMIN STRATION	13.00 34.45
34.46 DAY PSYCH OFFSET A8-20	A	-4,177,451	RESEARCH	191.00 34.46
34.48 PARKING FAC REV OFFSET A8-24	A	-11,153	CAP REL COSTS-BLDG & FIXT	1.00 34.48
34.49 PARKING FAC REV OFFSET A8-24	A	-65,449	OPERATION OF PLANT	7.00 34.49
34.50 DONATION OFFSET A8-25	B	-12,697	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.50
34.51 NURSE ANESTHETISTS OFFSET A8-27	A	-1,561,855	ANESTHESIOLOGY	53.00 34.51
34.52 NURSE ANESTHETISTS OFFSET A8-27	A	-270,243	EMPLOYEE BENEFITS	4.00 34.52
34.53 MARKETING OFFSET A8-28	A	-718,561	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.53
34.54 GOVERNMENTAL LOBBYISTS OFFSET A8-31	A	-279,996	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.54
34.55 LOBBYING EXPENSE OFFSET A8-32	A	-22,801	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.55
34.56 PATIENT TRANSPORTATION A8-17	A	-5,834	SOCIAL SERVICE	17.00 34.56
34.57 PREMIER PURCHASING A8-2	B	-545,606	IMPL. DEV. CHARGED TO PATIENTS	72.00 34.57
34.58 EMPLOYEE BENEFIT A8-2	B	-649,059	EMPLOYEE BENEFITS	4.00 34.58
34.59 ELECTRONIC MED RCD STIMULUS REV A8-1	B	-4,792,747	OTHER ADMIN STRATIVE AND GENERAL	5.06 34.59
34.60 MAMMOGRAPHY OTH A8-1	B	-10,000	RADIOLOGY-DIAGNOSTIC	54.00 34.60
34.61 FAMILY MED OTH A8-1	B	-55,000	ADULTS & PEDIATRICS	30.00 34.61
34.62 LAB REV OFFSET FR ACCESS A8-2	B	-180,000	LABORATORY	60.00 34.62
34.63		0		0.00 34.63
34.64		0		0.00 34.64
34.65		0		0.00 34.65
34.66		0		0.00 34.66
34.67		0		0.00 34.67
34.68		0		0.00 34.68
34.69		0		0.00 34.69
34.70		0		0.00 34.70
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,268,366		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
34.01	LAB OTHER OPER SRH A8-1	0	34.01
34.03	RENAL OTH OPER SRH A8-1	0	34.03
34.04	NUCL MED OTHER OPER SRH A8-1	0	34.04
34.06	IP COMMUN DIS SRH A8-1	0	34.06
34.07	IP PHYSC THER SRH A8-1	0	34.07
34.08	IP OCCUP THER SRH A8-1	0	34.08
34.09	RESP THER SRH A8-1	0	34.09
34.11	RADIOLOGY SRH A8-1	0	34.11
34.12	CLI SERV SUP OTHER OPER A8-1	0	34.12
34.13	CT SCAN SRH A8-1	0	34.13
34.14	MRI SRH A8-1	0	34.14
34.15	EKG SRH A8-1	0	34.15
34.16	PHARMACY SRH A8-1	0	34.16
34.17	VASCULAR SRH A8-1	0	34.17
34.18	UTR MISC A8-1	0	34.18
34.19	MEDICAL EDUCATION A8-1	0	34.19
34.20	MEDICAL RECORDS A8-1	0	34.20
34.22	SECURITY MISC A8-1	0	34.22
34.24	CAFETERIA MISC A8-1	0	34.24
34.25	ADMIN OTH OPR A8-1	0	34.25
34.26	RNTL OTHER A8-1	0	34.26
34.27	ICT RENT REV A8-1	0	34.27
34.28	GEN OTH OPR REV A8-1	0	34.28
34.29	PREMIER PURCH A8-2	0	34.29
34.30	OTHER A&G A8-2	0	34.30
34.31	OTHER A&G A8-2	0	34.31
34.32	AMORTIZATION LOSS OFFSET A8-3	14	34.32

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
34.33	REAL ESTATE TAXES A8-5	0	34.33
34.34	ACCELERATED DEPRECIATION A8-6	9	34.34
34.35	SATELLITE DEPRECIATION EXP A8-7	9	34.35
34.36	SATELLITE DEPRECIATION EXP A8-7	9	34.36
34.37	SELF INSURANCE EXP A8-9	0	34.37
34.38	INVESTMENT INCOME INTEREST A8-11	11	34.38
34.39	INVESTMENT INCOME INTEREST A8-11	0	34.39
34.40	PASTORAL CARE REVENUE A8-12	0	34.40
34.41	TELEPHONE OFFSET A8-14	0	34.41
34.42	UNEMPLOYMENT INS A8-16	0	34.42
34.43	PATIENT TRANSPORTATION A8-17	0	34.43
34.44	PATIENT TRANSPORTATION A8-17	0	34.44
34.45	ACLS FEES OFFSET A8-18	0	34.45
34.46	DAY PSYCH OFFSET A8-20	0	34.46
34.48	PARKING FAC REV OFFSET A8-24	9	34.48
34.49	PARKING FAC REV OFFSET A8-24	0	34.49
34.50	DONATION OFFSET A8-25	0	34.50
34.51	NURSE ANESTHETISTS OFFSET A8-27	0	34.51
34.52	NURSE ANESTHETISTS OFFSET A8-27	0	34.52
34.53	MARKETING OFFSET A8-28	0	34.53
34.54	GOVERNMENTAL LOBBYISTS OFFSET A8-31	0	34.54
34.55	LOBBYING EXPENSE OFFSET A8-32	0	34.55
34.56	PATIENT TRANSPORTATION A8-17	0	34.56
34.57	PREMIER PURCHASING A8-2	0	34.57
34.58	EMPLOYEE BENEFIT A8-2	0	34.58
34.59	ELECTRONIC MED RCD STIMULUS REV A8-1	0	34.59
34.60	MAMMOGRAPHY OTH A8-1	0	34.60
34.61	FAMILY MED OTH A8-1	0	34.61
34.62	LAB REV OFFSET FR ACCESS A8-2	0	34.62
34.63		0	34.63
34.64		0	34.64
34.65		0	34.65
34.66		0	34.66
34.67		0	34.67
34.68		0	34.68
34.69		0	34.69
34.70		0	34.70
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-1

Date/Time Prepared:
12/12/2012 1:40 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
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	SALARY AND OTHER	1.00
2.00	5.01	NONPATIENT TELEPHONES	SALARY AND OTHER	2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	SALARY AND OTHER	4.00
4.01	0.00		0	4.01
4.02	13.00	NURSING ADMINISTRATION	SALARY AND OTHER	4.02
4.03	30.00	ADULTS & PEDIATRICS	SALARY AND OTHER	4.03
4.04	50.00	OPERATING ROOM	SALARY AND OTHER	4.04
4.05	53.00	ANESTHESIOLOGY	SALARY AND OTHER	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	SALARY AND OTHER	4.06
4.07	56.00	RADIOISOTOPE	SALARY AND OTHER	4.07
4.08	69.00	ELECTROCARDIOLOGY	SALARY AND OTHER	4.08
4.09	91.00	EMERGENCY	SALARY AND OTHER	4.09
4.10	192.04	DEVELOPMENT	SALARY AND OTHER	4.10
4.11	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SALARY AND OTHER	4.11
4.12	7.00	OPERATION OF PLANT	SALARY AND OTHER	4.12
4.13	10.00	DIETARY	SALARY AND OTHER	4.13
4.14	191.00	RESEARCH	SALARY AND OTHER	4.14
4.15	90.03	UNDER THE RAINBOW	SALARY AND OTHER	4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
B. 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	E	SINAI HLTH SYST	100.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 140018

Period: From 07/01/2011 To 06/30/2012

Worksheet A-8-1

Date/Time Prepared: 12/12/2012 1:40 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1,847,028	1,847,028	0	0	1.00
2.00	714,480	714,480	0	0	2.00
3.00	5,527,752	5,527,752	0	0	3.00
4.00	4,320,302	4,320,302	0	0	4.00
4.01	0	0	0	0	4.01
4.02	57,432	57,432	0	0	4.02
4.03	2,751,600	2,751,600	0	0	4.03
4.04	535,332	535,332	0	0	4.04
4.05	3,062,460	3,062,460	0	0	4.05
4.06	902,916	902,916	0	0	4.06
4.07	50,652	50,652	0	0	4.07
4.08	260,280	260,280	0	0	4.08
4.09	864,888	864,888	0	0	4.09
4.10	402,096	402,096	0	0	4.10
4.11	-355,904	-355,904	0	0	4.11
4.12	-650,004	-650,004	0	0	4.12
4.13	-308,689	-308,689	0	0	4.13
4.14	488,708	488,708	0	0	4.14
4.15	109,600	109,600	0	0	4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	20,580,929	20,580,929	0	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

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

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

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

6.00		0.00	6.00
7.00		0.00	7.00
8.00		0.00	8.00
9.00		0.00	9.00
10.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
12/12/2012 1:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,790,384	0	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	209,184	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	1,419,744	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	380,736	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	369,648	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	287,112	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	364,080	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
200.00			5,820,888	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
12/12/2012 1:40 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	2,790,384	177,200	27,202	2,317,401	115,870	1.00
2.00	209,184	154,100	2,217	164,250	8,213	2.00
3.00	1,419,744	208,000	9,086	908,600	45,430	3.00
4.00	380,736	200,300	2,729	262,797	13,140	4.00
5.00	369,648	225,300	1,549	167,784	8,389	5.00
6.00	287,112	215,700	2,605	270,144	13,507	6.00
7.00	364,080	165,600	2,653	211,220	10,561	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	5,820,888		48,041	4,302,196	215,110	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
12/12/2012 1:40 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	2,317,401	1.00
2.00	0	0	0	0	164,250	2.00
3.00	0	0	0	0	908,600	3.00
4.00	0	0	0	0	262,797	4.00
5.00	0	0	0	0	167,784	5.00
6.00	0	0	0	0	270,144	6.00
7.00	0	0	0	0	211,220	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	4,302,196	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2
Date/Time Prepared:
12/12/2012 1:40 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	472,983	472,983	1.00
2.00	44,934	44,934	2.00
3.00	511,144	511,144	3.00
4.00	117,939	117,939	4.00
5.00	201,864	201,864	5.00
6.00	16,968	16,968	6.00
7.00	152,860	152,860	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	1,518,692	1,518,692	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	7,214,506	7,214,506				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6,428,814		6,428,814			2.00
4.00 00400 EMPLOYEE BENEFITS	17,982,209	41,817	37,263	18,061,289		4.00
5.01 00510 NONPATIENT TELEPHONES	872,089	7,572	6,747	70,882	957,290	5.01
5.02 00520 DATA PROCESSING	5,432,061	59,657	53,160	369,209	20,093	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	267,245	105,528	94,035	42,522	14,352	5.03
5.04 00540 ADMINISTRATION	1,760,789	19,006	16,936	256,356	6,458	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	2,361,638	29,962	26,699	17,642	24,399	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	22,570,940	528,193	470,670	891,776	93,289	5.06
6.00 00600 MAINTENANCE & REPAIRS	2,876,247	274,804	244,877	13	15,070	6.00
7.00 00700 OPERATION OF PLANT	5,835,934	117,880	105,042	144,404	17,223	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,047,591	205,778	183,368	0	718	8.00
9.00 00900 HOUSEKEEPING	3,607,908	13,461	11,995	355,072	5,023	9.00
10.00 01000 DIETARY	2,360,646	46,253	41,216	165,707	16,505	10.00
11.00 01100 CAFETERIA	999,004	339,165	302,228	170,191	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	4,772,299	133,463	118,928	608,845	15,787	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	486,525	395,896	352,781	74,122	718	14.00
15.00 01500 PHARMACY	3,059,138	53,672	47,827	640,091	8,611	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,210,047	68,701	61,219	214,293	14,352	16.00
17.00 01700 SOCIAL SERVICE	1,066,196	40,479	36,070	127,251	9,329	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 01851 OUTPATIENT ACCOUNTING	3,065,446	83,501	74,407	54,271	23,681	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,059,319	0	0	1,068,688	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,920,439	70,479	62,804	398,615	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	195,879	1,740	1,550	30,709	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	22,325,125	1,836,013	1,636,069	3,245,579	287,761	30.00
31.00 03100 INTENSIVE CARE UNIT	1,802,807	105,948	94,410	295,458	12,199	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	4,604,935	33,844	30,158	741,000	12,199	31.01
32.00 03200 CORONARY CARE UNIT	3,575,725	122,258	108,944	576,665	15,070	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	2,604,706	208,359	185,668	451,659	20,093	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,104,024	26,712	23,803	192,209	5,023	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,361,565	490,162	436,781	1,130,737	61,714	50.00
51.00 05100 RECOVERY ROOM	1,276,284	23,997	21,383	217,615	4,306	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,551,359	113,463	101,106	821,944	12,917	52.00
53.00 05300 ANESTHESIOLOGY	2,108,342	33,366	29,732	68,489	9,329	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,136,707	291,764	259,990	772,308	30,140	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	832,213	68,223	60,793	63,550	5,023	55.00
56.00 05600 RADIOISOTOPE	582,071	45,393	40,449	48,948	7,176	56.00
57.00 05700 CT SCAN	1,240,684	18,146	16,169	133,540	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	604,036	19,236	17,141	69,452	6,458	58.00
59.00 05900 CARDIAC CATHETERIZATION	931,648	39,542	35,236	104,807	5,741	59.00
60.00 06000 LABORATORY	10,654,386	448,249	399,433	907,734	55,973	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,428,495	15,316	13,648	113,738	1,435	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,001,170	43,768	39,001	249,824	4,306	65.00
65.01 03560 PULMONARY FUNCTION TESTING	133,939	24,494	21,826	23,405	718	65.01
66.00 06600 PHYSICAL THERAPY	498,041	49,638	44,232	76,881	5,741	66.00
67.00 06700 OCCUPATIONAL THERAPY	327,884	57,974	51,661	56,662	4,306	67.00
68.00 06800 SPEECH PATHOLOGY	211,783	13,251	11,808	36,613	2,153	68.00
69.00 06900 ELECTROCARDIOLOGY	1,687,005	71,110	63,366	149,079	10,047	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	288,825	23,691	21,111	42,206	15,070	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,811,969	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,908,786	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,976,397	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,364,230	24,532	21,860	270,447	3,588	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	831,108	0	0	112,969	0	90.01
90.02 04951 ENT	365,076	0	0	50,908	0	90.02
90.03 04952 UNDER THE RAINBOW	1,309,658	133,865	119,286	199,620	0	90.03
90.04 09002 SPASTICITY CLINIC	658,909	0	0	12,227	25,834	90.04
91.00 09100 EMERGENCY	7,515,715	119,505	106,490	1,072,754	22,963	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	221,068,516	7,138,826	6,361,376	18,009,686	932,891	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	683,413	46,961	41,846	0	13,635	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	12,678	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	2,096	0	0	0	0	192.01
192.02 19202 DAY PSYCH	24	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	755	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	376,189	17,935	15,982	51,603	3,588	192.04
192.05 19205 DENTISTRY	2,295	10,784	9,610	0	1,435	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	5,741	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	222,145,966	7,214,506	6,428,814	18,061,289	957,290	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING	5,934,180					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	370,886	894,568				5.03
5.04	00540	ADMINING	309,072	1,516	2,370,133			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,050,844	621		3,511,805		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	494,515	18,163		0	25,067,546	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	14		0	3,411,025	6.00
7.00	00700	OPERATION OF PLANT	0	80,132		0	6,300,615	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	36,659		0	1,474,114	8.00
9.00	00900	HOUSEKEEPING	0	41,743		0	4,035,202	9.00
10.00	01000	DIETARY	0	7,958		0	2,638,285	10.00
11.00	01100	CAFETERIA	0	0		0	1,810,588	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,737		0	5,652,059	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,951		0	1,326,993	14.00
15.00	01500	PHARMACY	247,258	4,024		0	4,060,621	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	309,072	636		0	2,878,320	16.00
17.00	01700	SOCIAL SERVICE	0	2,229		0	1,281,554	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0		0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	494,515	0		0	3,795,821	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	7,128,007	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	864		0	3,453,201	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0		0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0		0	229,878	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	803,587	16,680	357,158	313,219	30,821,191	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,770	43,999	38,477	2,396,068	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	2,641	108,125	94,557	5,627,459	31.01
32.00	03200	CORONARY CARE UNIT	0	3,762	69,313	60,631	4,532,368	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	572	46,499	40,664	3,558,220	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	521	48,824	42,697	1,443,813	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	370,886	0	167,893	268,929	11,288,667	50.00
51.00	05100	RECOVERY ROOM	0	636	45,276	93,653	1,683,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,978	73,858	140,205	6,833,830	52.00
53.00	05300	ANESTHESIOLOGY	0	6,374	91,154	115,259	2,462,045	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	679,958	56,341	90,020	204,704	8,521,932	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,736	2,082	29,888	1,074,508	55.00
56.00	05600	RADIOI SOTOPE	0	9,746	10,034	22,368	766,185	56.00
57.00	05700	CT SCAN	0	16,288	98,502	181,430	1,704,759	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,482	22,286	46,169	793,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,528	66,701	75,800	1,308,003	59.00
60.00	06000	LABORATORY	803,587	95,079	176,032	458,066	13,998,539	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,572	21,310	23,422	2,625,936	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	24,064	114,555	102,678	2,579,366	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	20,515	22,098	246,995	65.01
66.00	06600	PHYSICAL THERAPY	0	2,319	8,952	8,501	694,305	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	93	10,655	9,584	518,819	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,417	5,851	285,876	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,884	41,693	63,695	2,117,879	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	687	1,811	14,785	408,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	126,244	88,411	94,714	6,121,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	160,665	109,159	109,919	7,288,529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	236,058	308,657	8,521,112	73.00
74.00	07400	RENAL DIALYSIS	0	14,957	7,147	65,143	2,771,904	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	1,450	249	15,381	961,157	90.01
90.02	04951 ENT	0	1,417	5	3,864	421,270	90.02
90.03	04952 UNDER THE RAINBOW	0	354	0	27,419	1,790,202	90.03
90.04	09002 SPASTICITY CLINIC	0	28	0	12,974	709,972	90.04
91.00	09100 EMERGENCY	0	0	187,440	396,404	9,421,271	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	5,934,180	887,115	2,370,133	3,511,805	220,841,943	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	7,443	0	0	793,298	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12,678	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	2,096	192.01
192.02	19202 DAY PSYCH	0	0	0	0	24	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	755	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	465,297	192.04
192.05	19205 DENTISTRY	0	10	0	0	24,134	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	5,741	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	5,934,180	894,568	2,370,133	3,511,805	222,145,966	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 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
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	25,067,546					5.06
6.00	00600	MAINTENANCE & REPAIRS	433,869	3,844,894				6.00
7.00	00700	OPERATION OF PLANT	801,413	73,721	7,175,749			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	187,501	128,692	244,874	2,035,181		8.00
9.00	00900	HOUSEKEEPING	513,262	8,418	16,019	0	4,572,901	9.00
10.00	01000	DIETARY	335,579	28,926	55,041	0	36,399	10.00
11.00	01100	CAFETERIA	230,300	212,111	403,603	0	266,909	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	718,919	83,467	158,820	0	105,030	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	168,788	247,591	471,113	0	311,554	14.00
15.00	01500	PHARMACY	516,495	33,566	63,869	0	42,238	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	366,111	42,965	81,754	0	54,065	16.00
17.00	01700	SOCIAL SERVICE	163,009	25,315	48,169	0	31,855	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	482,813	52,221	99,365	0	65,712	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	906,654	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	439,233	44,077	83,870	0	55,464	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	29,240	1,088	2,071	0	1,369	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,920,289	1,148,233	2,184,839	889,206	1,444,868	30.00
31.00	03100	INTENSIVE CARE UNIT	304,770	66,259	126,078	99,383	83,377	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	715,790	21,166	40,274	12,964	26,634	31.01
32.00	03200	CORONARY CARE UNIT	576,499	76,459	145,486	104,968	96,212	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	452,591	130,306	247,946	73,823	163,970	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	183,647	16,705	31,787	0	21,021	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,435,873	306,544	583,288	122,316	385,737	50.00
51.00	05100	RECOVERY ROOM	214,090	15,007	28,556	34,801	18,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	869,236	70,959	135,020	106,657	89,291	52.00
53.00	05300	ANESTHESIOLOGY	313,162	20,867	39,705	0	26,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,083,956	182,467	347,197	55,317	229,607	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	136,673	42,666	81,185	9,368	53,689	55.00
56.00	05600	RADIOISOTOPE	97,456	28,388	54,017	23,347	35,722	56.00
57.00	05700	CT SCAN	216,839	11,348	21,593	14,698	14,280	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	100,899	12,030	22,890	7,764	15,138	58.00
59.00	05900	CARDIAC CATHETERIZATION	166,373	24,729	47,054	25,165	31,118	59.00
60.00	06000	LABORATORY	1,780,558	280,332	533,412	0	352,754	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	334,009	9,578	18,226	0	12,053	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	328,085	27,372	52,083	0	34,443	65.00
65.01	03560	PULMONARY FUNCTION TESTING	31,417	15,318	29,147	0	19,276	65.01
66.00	06600	PHYSICAL THERAPY	88,313	31,043	59,068	0	39,063	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,992	36,257	68,989	0	45,623	67.00
68.00	06800	SPEECH PATHOLOGY	36,362	8,287	15,768	0	10,428	68.00
69.00	06900	ELECTROCARDIOLOGY	269,386	44,472	84,621	3,132	55,961	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,920	14,816	28,192	3,759	18,644	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	778,610	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	927,072	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,083,851	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	352,575	15,342	29,193	59,414	19,306	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	122,255	0	0	0	0	90.01
90.02	04951 ENT	53,584	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	227,707	83,718	159,298	0	105,346	90.03
90.04	09002 SPASTICITY CLINIC	90,306	0	0	0	0	90.04
91.00	09100 EMERGENCY	1,198,348	74,738	142,210	389,099	94,046	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	24,901,679	3,797,564	7,085,690	2,035,181	4,513,344	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	100,904	29,369	55,883	0	36,956	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,613	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	267	0	0	0	0	192.01
192.02	19202 DAY PSYCH	3	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	96	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	59,184	11,217	21,343	0	14,114	192.04
192.05	19205 DENTISTRY	3,070	6,744	12,833	0	8,487	192.05
192.06	19206 OCCUPATIONAL HEALTH	730	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	25,067,546	3,844,894	7,175,749	2,035,181	4,572,901	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 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
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	3,094,230					10.00
11.00	01100	CAFETERIA	0	2,923,511				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	92,382	0	6,810,677		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	32,046	0	0	2,558,085	14.00
15.00	01500	PHARMACY	0	106,160	0	0	142,331	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	58,003	0	0	6	16.00
17.00	01700	SOCIAL SERVICE	0	26,779	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	12,045	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	272,879	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	43	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	4,445	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,257,101	721,434	0	2,823,745	307,637	30.00
31.00	03100	INTENSIVE CARE UNIT	196,418	50,647	0	221,752	78,835	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	105,871	0	524,813	78,179	31.01
32.00	03200	CORONARY CARE UNIT	238,982	101,960	0	444,370	116,527	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	401,729	86,115	0	389,650	4,040	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	35,757	0	173,582	11,586	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	175,630	0	783,590	0	50.00
51.00	05100	RECOVERY ROOM	0	30,913	0	124,486	7,005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	144,584	0	553,441	121,314	52.00
53.00	05300	ANESTHESIOLOGY	0	6,689	0	0	103,267	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	134,962	0	0	184,235	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,267	0	0	527	55.00
56.00	05600	RADIOISOTOPE	0	8,156	0	0	1,933	56.00
57.00	05700	CT SCAN	0	22,934	0	0	2,377	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,445	0	0	28,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,556	0	0	48,043	59.00
60.00	06000	LABORATORY	0	177,653	0	0	40,093	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	21,445	0	0	232	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	52,380	0	0	45,192	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	4,845	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	8,245	0	0	68	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,667	0	0	102	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,245	0	0	468	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,756	0	0	4,488	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,156	0	0	5,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	525,417	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	668,709	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	45,224	0	0	14,172	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	20,401	0	0	13,320	90.01
90.02	04951 ENT	0	17,134	0	0	2,962	90.02
90.03	04952 UNDER THE RAINBOW	0	43,802	0	0	2	90.03
90.04	09002 SPASTICITY CLINIC	0	1,622	0	0	622	90.04
91.00	09100 EMERGENCY	0	218,277	0	771,248	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	3,094,230	2,923,511	0	6,810,677	2,557,656	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	429	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	3,094,230	2,923,511	0	6,810,677	2,558,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				15.00	16.00	
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
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	4,965,280					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,481,224				16.00
17.00 01700 SOCIAL SERVICE	83,512	0	1,660,193			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	4,507,977	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	113,938	310,503	958,567	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	16,109	38,144	96,255	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	21,512	93,737	65,032	0	0	31.01
32.00 03200 CORONARY CARE UNIT	16,789	60,105	92,874	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	2,420	40,312	181,571	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	52	42,327	6,563	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	41,510	266,597	0	0	382,640	50.00
51.00 05100 RECOVERY ROOM	3,382	92,841	0	0	169,404	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	26,009	138,990	18,893	0	236,957	52.00
53.00 05300 ANESTHESIOLOGY	100,107	114,259	0	0	111,384	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,824	202,929	0	0	394,785	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3	29,629	0	0	87,956	55.00
56.00 05600 RADIOISOTOPE	1,020	22,175	0	0	42,597	56.00
57.00 05700 CT SCAN	3,070	179,857	0	0	298,606	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	866	45,769	0	0	83,608	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,947	75,142	0	0	54,743	59.00
60.00 06000 LABORATORY	768	453,963	0	0	954,107	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1	23,219	0	0	14,998	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	839	101,787	0	0	7,828	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	21,907	0	0	13,029	65.01
66.00 06600 PHYSICAL THERAPY	0	8,427	0	0	2,108	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	9,501	0	0	835	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,800	0	0	6,230	68.00
69.00 06900 ELECTROCARDIOLOGY	583	63,143	0	0	85,344	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	14,656	0	0	41,367	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	93,893	0	0	54,520	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	108,966	0	0	45,307	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				15.00	16.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	4,452,943	305,980	0	0	320,334	73.00
74.00 07400 RENAL DIALYSIS	0	64,578	136,228	0	184,553	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	15,248	0	0	47,520	90.01
90.02 04951 ENT	3,461	3,830	0	0	12,094	90.02
90.03 04952 UNDER THE RAINBOW	0	27,181	0	0	85,924	90.03
90.04 09002 SPASTICITY CLINIC	0	12,862	0	0	40,657	90.04
91.00 09100 EMERGENCY	69,103	392,967	104,210	0	728,542	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,964,768	3,481,224	1,660,193	0	4,507,977	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	509	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	3	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,965,280	3,481,224	1,660,193	0	4,507,977	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
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
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 01851 OUTPATIENT ACCOUNTING						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	8,307,540			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,075,888		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	5,826,068	2,858,414	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	323,670	158,801	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	215,780	105,867	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	107,890	52,934	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	1,078,901	529,336	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	107,890	52,934	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	107,890	52,934	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	107,890	52,934	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

	Cost Center Description	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM 23.00	
				SERVICES-SALAR Y & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	431,561	211,734	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	0	8,307,540	4,075,888	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	8,307,540	4,075,888	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	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
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PASTORAL EDUCATION	0					23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	268,091				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	184,179	56,770,212	-8,684,482	48,085,730	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,549	4,272,115	-482,471	3,789,644	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	10,187	7,665,265	-321,647	7,343,618	31.01
32.00	03200	CORONARY CARE UNIT	0	20,643	6,785,066	-160,824	6,624,242	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	5,732,693	0	5,732,693	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,966,840	0	1,966,840	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	17,380,629	-1,608,237	15,772,392	50.00
51.00	05100	RECOVERY ROOM	0	0	2,422,519	0	2,422,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,681	9,347,862	0	9,347,862	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,458,567	-160,824	3,297,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,341,211	0	11,341,211	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,525,471	0	1,525,471	55.00
56.00	05600	RADIOISOTOPE	0	0	1,080,996	0	1,080,996	56.00
57.00	05700	CT SCAN	0	0	2,490,361	0	2,490,361	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,121,204	0	1,121,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,801,873	0	1,801,873	59.00
60.00	06000	LABORATORY	0	0	18,572,179	0	18,572,179	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,059,697	0	3,059,697	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,229,375	0	3,229,375	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	381,934	0	381,934	65.01
66.00	06600	PHYSICAL THERAPY	0	0	930,640	0	930,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	752,785	0	752,785	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	375,464	0	375,464	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,909,589	-160,824	2,748,765	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	758,909	-160,824	598,085	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,573,778	0	7,573,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,038,583	0	9,038,583	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,684,220	0	14,684,220	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,692,489	-409,229	3,283,260	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,179,901	0	1,179,901	90.01
90.02	04951	ENT	0	0	514,335	0	514,335	90.02
90.03	04952	UNDER THE RAINBOW	0	0	2,523,180	0	2,523,180	90.03
90.04	09002	SPASTICITY CLINIC	0	0	856,041	0	856,041	90.04
91.00	09100	EMERGENCY	0	34,852	14,282,206	-643,295	13,638,911	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	268,091	220,478,189	-12,792,657	207,685,532	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	1,017,348	0	1,017,348	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	14,291	0	14,291	192.00
192.01	19201	KLING OFFICE BLDG	0	0	2,363	0	2,363	192.01
192.02	19202	DAY PSYCH	0	0	27	0	27	192.02
192.03	19203	FAMILY PLANNING	0	0	851	0	851	192.03
192.04	19204	DEVELOPMENT	0	0	571,155	0	571,155	192.04
192.05	19205	DENTISTRY	0	0	55,271	0	55,271	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	6,471	0	6,471	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	268,091	222,145,966	-12,792,657	209,353,309	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	41,817	37,263	79,080	79,080 4.00
5.01 00510	NONPATIENT TELEPHONES	0	7,572	6,747	14,319	310 5.01
5.02 00520	DATA PROCESSING	0	59,657	53,160	112,817	1,616 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	105,528	94,035	199,563	186 5.03
5.04 00540	ADMITTING	0	19,006	16,936	35,942	1,122 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	29,962	26,699	56,661	77 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	528,193	470,670	998,863	3,903 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	274,804	244,877	519,681	0 6.00
7.00 00700	OPERATION OF PLANT	0	117,880	105,042	222,922	632 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	205,778	183,368	389,146	0 8.00
9.00 00900	HOUSEKEEPING	0	13,461	11,995	25,456	1,554 9.00
10.00 01000	DIETARY	0	46,253	41,216	87,469	725 10.00
11.00 01100	CAFETERIA	0	339,165	302,228	641,393	745 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	133,463	118,928	252,391	2,665 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	395,896	352,781	748,677	324 14.00
15.00 01500	PHARMACY	0	53,672	47,827	101,499	2,802 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	68,701	61,219	129,920	938 16.00
17.00 01700	SOCIAL SERVICE	0	40,479	36,070	76,549	557 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
18.01 01851	OUTPATIENT ACCOUNTING	0	83,501	74,407	157,908	238 18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,678 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	70,479	62,804	133,283	1,745 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PASTORAL EDUCATION	0	0	0	0	0 23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	1,740	1,550	3,290	134 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,836,013	1,636,069	3,472,082	14,230 30.00
31.00 03100	INTENSIVE CARE UNIT	0	105,948	94,410	200,358	1,293 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	33,844	30,158	64,002	3,243 31.01
32.00 03200	CORONARY CARE UNIT	0	122,258	108,944	231,202	2,524 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	0	208,359	185,668	394,027	1,977 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	26,712	23,803	50,515	841 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	490,162	436,781	926,943	4,949 50.00
51.00 05100	RECOVERY ROOM	0	23,997	21,383	45,380	953 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	113,463	101,106	214,569	3,598 52.00
53.00 05300	ANESTHESIOLOGY	0	33,366	29,732	63,098	300 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	291,764	259,990	551,754	3,380 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	68,223	60,793	129,016	278 55.00
56.00 05600	RADIOISOTOPE	0	45,393	40,449	85,842	214 56.00
57.00 05700	CT SCAN	0	18,146	16,169	34,315	585 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,236	17,141	36,377	304 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	39,542	35,236	74,778	459 59.00
60.00 06000	LABORATORY	0	448,249	399,433	847,682	3,973 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,316	13,648	28,964	498 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	43,768	39,001	82,769	1,094 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	24,494	21,826	46,320	102 65.01
66.00 06600	PHYSICAL THERAPY	0	49,638	44,232	93,870	337 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	57,974	51,661	109,635	248 67.00
68.00 06800	SPEECH PATHOLOGY	0	13,251	11,808	25,059	160 68.00
69.00 06900	ELECTROCARDIOLOGY	0	71,110	63,366	134,476	653 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	23,691	21,111	44,802	185 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				2A
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	
74.00 07400 RENAL DIALYSIS	0	24,532	21,860	46,392	1,184	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	494	90.01	
90.02 04951 ENT	0	0	0	0	223	90.02	
90.03 04952 UNDER THE RAINBOW	0	133,865	119,286	253,151	874	90.03	
90.04 09002 SPASTICITY CLINIC	0	0	0	0	54	90.04	
91.00 09100 EMERGENCY	0	119,505	106,490	225,995	4,696	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,138,826	6,361,376	13,500,202	78,854	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	46,961	41,846	88,807	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01	
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02	
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03	
192.04 19204 DEVELOPMENT	0	17,935	15,982	33,917	226	192.04	
192.05 19205 DENTISTRY	0	10,784	9,610	20,394	0	192.05	
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06	
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
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)	0	7,214,506	6,428,814	13,643,320	79,080	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 12/12/2012 1:40 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00510	NONPATIENT TELEPHONES	14,629					5.01
5.02	00520	DATA PROCESSING	307	114,740				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	219	7,171	207,139			5.03
5.04	00540	ADMINISTRATIVE	99	5,976	351	43,490		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	373	20,318	144	0	77,573	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,426	9,562	4,205	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	230	0	3	0	0	6.00
7.00	00700	OPERATION OF PLANT	263	0	18,554	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11	0	8,488	0	0	8.00
9.00	00900	HOUSEKEEPING	77	0	9,665	0	0	9.00
10.00	01000	DIETARY	252	0	1,843	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	241	0	634	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11	0	3,925	0	0	14.00
15.00	01500	PHARMACY	132	4,781	932	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	219	5,976	147	0	0	16.00
17.00	01700	SOCIAL SERVICE	143	0	516	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	362	9,562	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	200	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,395	15,538	3,862	6,558	6,921	30.00
31.00	03100	INTENSIVE CARE UNIT	186	0	641	807	850	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	186	0	612	1,984	2,090	31.01
32.00	03200	CORONARY CARE UNIT	230	0	871	1,272	1,340	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	307	0	132	853	899	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	77	0	121	896	944	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	943	7,171	0	3,080	5,943	50.00
51.00	05100	RECOVERY ROOM	66	0	147	831	2,070	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197	0	4,394	1,355	3,098	52.00
53.00	05300	ANESTHESIOLOGY	143	0	1,476	1,672	2,547	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	461	13,147	13,045	1,652	4,524	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	77	0	2,949	38	660	55.00
56.00	05600	RADIOISOTOPE	110	0	2,257	184	494	56.00
57.00	05700	CT SCAN	0	0	3,771	1,807	4,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	99	0	1,964	409	1,020	58.00
59.00	05900	CARDIAC CATHETERIZATION	88	0	11,236	1,224	1,675	59.00
60.00	06000	LABORATORY	855	15,538	22,015	3,230	10,089	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	22	0	1,985	391	518	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	66	0	5,572	2,102	2,269	65.00
65.01	03560	PULMONARY FUNCTION TESTING	11	0	0	376	488	65.01
66.00	06600	PHYSICAL THERAPY	88	0	537	164	188	66.00
67.00	06700	OCCUPATIONAL THERAPY	66	0	22	195	212	67.00
68.00	06800	SPEECH PATHOLOGY	33	0	0	81	129	68.00
69.00	06900	ELECTROCARDIOLOGY	154	0	7,383	765	1,408	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	230	0	159	33	327	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	29,231	1,622	2,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	37,209	2,003	2,429	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,331	6,821	73.00
74.00	07400	RENAL DIALYSIS	55	0	3,463	131	1,440	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	336	5	340	90.01
90.02	04951 ENT	0	0	328	0	85	90.02
90.03	04952 UNDER THE RAINBOW	0	0	82	0	606	90.03
90.04	09002 SPASTICITY CLINIC	395	0	7	0	287	90.04
91.00	09100 EMERGENCY	351	0	0	3,439	8,760	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	14,256	114,740	205,414	43,490	77,573	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	208	0	1,723	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	55	0	0	0	0	192.04
192.05	19205 DENTISTRY	22	0	2	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	88	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	14,629	114,740	207,139	43,490	77,573	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 12/12/2012 1:40 pm	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	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
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINI STRATIVE AND GENERAL	1,017,959					5.06
6.00	00600	MAINTENANCE & REPAIRS	17,618	537,532				6.00
7.00	00700	OPERATION OF PLANT	32,543	10,307	285,221			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,614	17,992	9,733	432,984		8.00
9.00	00900	HOUSEKEEPING	20,842	1,177	637	0	59,408	9.00
10.00	01000	DIETARY	13,627	4,044	2,188	0	473	10.00
11.00	01100	CAFETERIA	9,352	29,654	16,042	0	3,467	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	29,193	11,669	6,313	0	1,364	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,854	34,614	18,726	0	4,047	14.00
15.00	01500	PHARMACY	20,973	4,693	2,539	0	549	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,867	6,007	3,250	0	702	16.00
17.00	01700	SOCIAL SERVICE	6,619	3,539	1,915	0	414	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	19,605	7,301	3,950	0	854	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	36,816	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,836	6,162	3,334	0	721	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	1,187	152	82	0	18	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	159,240	160,526	86,843	189,177	18,773	30.00
31.00	03100	INTENSIVE CARE UNIT	12,376	9,263	5,011	21,144	1,083	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	29,066	2,959	1,601	2,758	346	31.01
32.00	03200	CORONARY CARE UNIT	23,410	10,689	5,783	22,332	1,250	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	18,378	18,217	9,855	15,706	2,130	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,457	2,335	1,263	0	273	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,306	42,856	23,184	26,023	5,011	50.00
51.00	05100	RECOVERY ROOM	8,693	2,098	1,135	7,404	245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,297	9,920	5,367	22,691	1,160	52.00
53.00	05300	ANESTHESIOLOGY	12,716	2,917	1,578	0	341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,016	25,510	13,800	11,769	2,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,550	5,965	3,227	1,993	697	55.00
56.00	05600	RADIOISOTOPE	3,957	3,969	2,147	4,967	464	56.00
57.00	05700	CT SCAN	8,805	1,587	858	3,127	186	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,097	1,682	910	1,652	197	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,756	3,457	1,870	5,354	404	59.00
60.00	06000	LABORATORY	72,302	39,192	21,202	0	4,583	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,563	1,339	724	0	157	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,322	3,827	2,070	0	447	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,276	2,142	1,159	0	250	65.01
66.00	06600	PHYSICAL THERAPY	3,586	4,340	2,348	0	507	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,680	5,069	2,742	0	593	67.00
68.00	06800	SPEECH PATHOLOGY	1,477	1,159	627	0	135	68.00
69.00	06900	ELECTROCARDIOLOGY	10,939	6,217	3,363	666	727	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,108	2,071	1,121	800	242	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,617	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,645	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,012	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,317	2,145	1,160	12,640	251	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	4,964	0	0	0	0	90.01
90.02	04951 ENT	2,176	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	9,246	11,704	6,332	0	1,369	90.03
90.04	09002 SPASTICITY CLINIC	3,667	0	0	0	0	90.04
91.00	09100 EMERGENCY	48,661	10,449	5,653	82,781	1,222	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,011,224	530,915	281,642	432,984	58,635	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	4,097	4,106	2,221	0	480	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	65	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	11	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	4	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	2,403	1,568	848	0	183	192.04
192.05	19205 DENTISTRY	125	943	510	0	110	192.05
192.06	19206 OCCUPATIONAL HEALTH	30	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	1,017,959	537,532	285,221	432,984	59,408	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 12/12/2012 1:40 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					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00510					5.01
5.02	00520					5.02
5.03	00530					5.03
5.04	00540					5.04
5.05	00550					5.05
5.06	00560					5.06
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000	110,621				10.00
11.00	01100	0	700,653			11.00
12.00	01200	0	0	0		12.00
13.00	01300	0	22,140	0	326,610	13.00
14.00	01400	0	7,680	0	0	824,858
15.00	01500	0	25,443	0	0	45,895
16.00	01600	0	13,901	0	0	2
17.00	01700	0	6,418	0	0	0
18.00	01850	0	0	0	0	0
18.01	01851	0	2,887	0	0	0
19.00	01900	0	0	0	0	0
20.00	02000	0	0	0	0	0
21.00	02100	0	65,399	0	0	0
22.00	02200	0	0	0	0	14
23.00	02300	0	0	0	0	0
23.01	02301	0	0	0	0	0
23.02	02302	0	1,065	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	80,693	172,898	0	135,413	99,198
31.00	03100	7,022	12,138	0	10,634	25,421
31.01	02060	0	25,373	0	25,168	25,209
32.00	03200	8,544	24,436	0	21,310	37,574
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	14,362	20,638	0	18,686	1,303
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	0	8,570	0	8,324	3,736
44.00	04400	0	0	0	0	0
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	42,092	0	37,578	0
51.00	05100	0	7,409	0	5,970	2,259
52.00	05200	0	34,651	0	26,541	39,118
53.00	05300	0	1,603	0	0	33,298
54.00	05400	0	32,345	0	0	59,407
55.00	05500	0	2,221	0	0	170
56.00	05600	0	1,955	0	0	623
57.00	05700	0	5,496	0	0	766
58.00	05800	0	2,503	0	0	9,201
59.00	05900	0	4,447	0	0	15,492
60.00	06000	0	42,576	0	0	12,928
60.01	06001	0	0	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	0	5,140	0	0	75
63.00	06300	0	0	0	0	0
64.00	06400	0	0	0	0	0
65.00	06500	0	12,554	0	0	14,572
65.01	03560	0	1,161	0	0	0
66.00	06600	0	1,976	0	0	22
67.00	06700	0	1,598	0	0	33
68.00	06800	0	1,497	0	0	151
69.00	06900	0	4,735	0	0	1,447
70.00	07000	0	2,674	0	0	1,738
71.00	07100	0	0	0	0	169,422
72.00	07200	0	0	0	0	215,625
73.00	07300	0	0	0	0	0
74.00	07400	0	10,839	0	0	4,570

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	4,889	0	0	4,295	90.01
90.02	04951 ENT	0	4,106	0	0	955	90.02
90.03	04952 UNDER THE RAINBOW	0	10,498	0	0	1	90.03
90.04	09002 SPASTICITY CLINIC	0	389	0	0	200	90.04
91.00	09100 EMERGENCY	0	52,313	0	36,986	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	110,621	700,653	0	326,610	824,720	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	138	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	110,621	700,653	0	326,610	824,858	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				18.00	18.01	
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
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	210,238					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	175,929				16.00
17.00 01700 SOCIAL SERVICE	3,536	0	100,206			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	202,667	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,824	15,683	57,858	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	682	1,927	5,810	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	911	4,734	3,925	0	0	31.01
32.00 03200 CORONARY CARE UNIT	711	3,036	5,606	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	102	2,036	10,959	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2	2,138	396	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,758	13,465	0	0	17,214	50.00
51.00 05100 RECOVERY ROOM	143	4,689	0	0	7,621	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,101	7,020	1,140	0	10,660	52.00
53.00 05300 ANESTHESIOLOGY	4,239	5,771	0	0	5,011	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	162	10,249	0	0	17,761	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1,496	0	0	3,957	55.00
56.00 05600 RADIOISOTOPE	43	1,120	0	0	1,916	56.00
57.00 05700 CT SCAN	130	9,084	0	0	13,434	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	37	2,312	0	0	3,761	58.00
59.00 05900 CARDIAC CATHETERIZATION	125	3,795	0	0	2,463	59.00
60.00 06000 LABORATORY	33	23,030	0	0	42,785	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,173	0	0	675	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	36	5,141	0	0	352	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	1,106	0	0	586	65.01
66.00 06600 PHYSICAL THERAPY	0	426	0	0	95	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	480	0	0	38	67.00
68.00 06800 SPEECH PATHOLOGY	0	293	0	0	280	68.00
69.00 06900 ELECTROCARDIOLOGY	25	3,189	0	0	3,839	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	740	0	0	1,861	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,742	0	0	2,453	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,504	0	0	2,038	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				15.00	16.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	188,543	15,454	0	0	14,411	73.00
74.00 07400 RENAL DIALYSIS	0	3,262	8,222	0	8,303	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	770	0	0	2,138	90.01
90.02 04951 ENT	147	193	0	0	544	90.02
90.03 04952 UNDER THE RAINBOW	0	1,373	0	0	3,866	90.03
90.04 09002 SPASTICITY CLINIC	0	650	0	0	1,829	90.04
91.00 09100 EMERGENCY	2,926	19,848	6,290	0	32,776	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	210,216	175,929	100,206	0	202,667	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	22	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	210,238	175,929	100,206	0	202,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 12/12/2012 1:40 pm
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
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
5.01 00510	NONPATIENT TELEPHONES					5.01
5.02 00520	DATA PROCESSING					5.02
5.03 00530	PURCHASING RECEIVING AND STORES					5.03
5.04 00540	ADMINISTRATIVE					5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01 01851	OUTPATIENT ACCOUNTING					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			106,893		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				163,295	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					23.00
23.01 02301	PASTORAL EDUCATION					23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
45.00 04500	NURSING FACILITY					45.00
46.00 04600	OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD LABORATORY					60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 03560	PULMONARY FUNCTION TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
12/12/2012 1:40 pm

	Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
74.00	07400 RENAL DIALYSIS						74.00
75.00	07500 ASC (NON-DISTINCT PART)						75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC						90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY						90.01
90.02	04951 ENT						90.02
90.03	04952 UNDER THE RAINBOW						90.03
90.04	09002 SPASTICITY CLINIC						90.04
91.00	09100 EMERGENCY						91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS						94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900 CMHC						99.00
99.10	09910 CORF						99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION						105.00
106.00	10600 HEART ACQUISITION						106.00
107.00	10700 LIVER ACQUISITION						107.00
108.00	10800 LUNG ACQUISITION						108.00
109.00	10900 PANCREAS ACQUISITION						109.00
110.00	11000 INTESTINAL ACQUISITION						110.00
111.00	11100 ISLET ACQUISITION						111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600 HOSPICE						116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100 RESEARCH						191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201 KLING OFFICE BLDG						192.01
192.02	19202 DAY PSYCH						192.02
192.03	19203 FAMILY PLANNING						192.03
192.04	19204 DEVELOPMENT						192.04
192.05	19205 DENTISTRY						192.05
192.06	19206 OCCUPATIONAL HEALTH						192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES						192.07
193.00	19300 NONPAID WORKERS						193.00
200.00	Cross Foot Adjustments	0	0	106,893	163,295	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	106,893	163,295	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 12/12/2012 1:40 pm
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Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.02	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
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	OUTPATIENT ACCOUNTING					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PASTORAL EDUCATION	0				23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		5,928			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		4,704,712	0	4,704,712	30.00
31.00	03100	INTENSIVE CARE UNIT		316,646	0	316,646	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		194,167	0	194,167	31.01
32.00	03200	CORONARY CARE UNIT		402,120	0	402,120	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF		530,567	0	530,567	40.00
41.00	04100	SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		87,888	0	87,888	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,216,516	0	1,216,516	50.00
51.00	05100	RECOVERY ROOM		97,113	0	97,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		421,877	0	421,877	52.00
53.00	05300	ANESTHESIOLOGY		136,710	0	136,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		805,965	0	805,965	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		158,294	0	158,294	55.00
56.00	05600	RADIOISOTOPE		110,262	0	110,262	56.00
57.00	05700	CT SCAN		87,960	0	87,960	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		66,525	0	66,525	58.00
59.00	05900	CARDIAC CATHETERIZATION		133,623	0	133,623	59.00
60.00	06000	LABORATORY		1,162,013	0	1,162,013	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		55,224	0	55,224	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		146,193	0	146,193	65.00
65.01	03560	PULMONARY FUNCTION TESTING		54,977	0	54,977	65.01
66.00	06600	PHYSICAL THERAPY		108,484	0	108,484	66.00
67.00	06700	OCCUPATIONAL THERAPY		123,611	0	123,611	67.00
68.00	06800	SPEECH PATHOLOGY		31,081	0	31,081	68.00
69.00	06900	ELECTROCARDIOLOGY		179,986	0	179,986	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		59,091	0	59,091	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		241,180	0	241,180	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		302,453	0	302,453	72.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 12/12/2012 1:40 pm			
Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS			273,572	0	273,572	73.00
74.00	07400	RENAL DIALYSIS			118,374	0	118,374	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			18,231	0	18,231	90.01
90.02	04951	ENT			8,757	0	8,757	90.02
90.03	04952	UNDER THE RAINBOW			299,102	0	299,102	90.03
90.04	09002	SPASTICITY CLINIC			7,478	0	7,478	90.04
91.00	09100	EMERGENCY			543,146	0	543,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			0	0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	13,203,898	0	13,203,898	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			101,802	0	101,802	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			65	0	65	192.00
192.01	19201	KLING OFFICE BLDG			11	0	11	192.01
192.02	19202	DAY PSYCH			0	0	0	192.02
192.03	19203	FAMILY PLANNING			4	0	4	192.03
192.04	19204	DEVELOPMENT			39,200	0	39,200	192.04
192.05	19205	DENTISTRY			22,106	0	22,106	192.05
192.06	19206	OCCUPATIONAL HEALTH			118	0	118	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	0	193.00
200.00		Cross Foot Adjustments	0	5,928	276,116	0	276,116	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	5,928	13,643,320	0	13,643,320	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,312				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		377,312			2.00
4.00	00400	EMPLOYEE BENEFITS	2,187	2,187	102,405,067		4.00
5.01	00510	NONPATIENT TELEPHONES	396	396	401,889	1,334	5.01
5.02	00520	DATA PROCESSING	3,120	3,120	2,093,365	28	96 5.02
5.03	00530	PURCHASING RECEIVING AND STORES	5,519	5,519	241,096	20	6 5.03
5.04	00540	ADMITTING	994	994	1,453,502	9	5 5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	100,030	34	17 5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	27,624	27,624	5,056,249	130	8 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,372	14,372	71	21	0 6.00
7.00	00700	OPERATION OF PLANT	6,165	6,165	818,753	24	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	0	1	0 8.00
9.00	00900	HOUSEKEEPING	704	704	2,013,210	7	0 9.00
10.00	01000	DIETARY	2,419	2,419	939,537	23	0 10.00
11.00	01100	CAFETERIA	17,738	17,738	964,961	0	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	3,452,070	22	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	420,261	1	0 14.00
15.00	01500	PHARMACY	2,807	2,807	3,629,230	12	4 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	1,215,014	20	5 16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	721,498	13	0 17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	307,712	33	8 18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,059,319	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,260,096	0	0 22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0 23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	174,118	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	18,401,961	401	13 30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	1,675,210	17	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	4,201,371	17	0 31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	3,269,611	21	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I PF	10,897	10,897	2,560,849	28	0 40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,397	1,397	1,089,802	7	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,635	25,635	6,411,129	86	6 50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	1,233,848	6	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	4,660,315	18	0 52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	388,321	13	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,378,883	42	11 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	360,320	7	0 55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	277,527	10	0 56.00
57.00	05700	CT SCAN	949	949	757,154	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	393,781	9	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	594,243	8	0 59.00
60.00	06000	LABORATORY	23,443	23,443	5,146,730	78	13 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	644,879	2	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	1,416,467	6	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	132,705	1	0 65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	435,907	8	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	321,265	6	0 67.00
68.00	06800	SPEECH PATHOLOGY	693	693	207,592	3	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	845,257	14	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	239,304	21	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
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
74.00 07400 RENAL DIALYSIS	1,283	1,283	1,533,399	5	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	640,520	0	0	90.01
90.02 04951 ENT	0	0	288,643	0	0	90.02
90.03 04952 UNDER THE RAINBOW	7,001	7,001	1,131,818	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	69,323	36	0	90.04
91.00 09100 EMERGENCY	6,250	6,250	6,082,372	32	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	373,354	373,354	102,112,487	1,300	96	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	2,456	2,456	0	19	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	938	938	292,580	5	0	192.04
192.05 19205 DENTISTRY	564	564	0	2	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	8	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	7,214,506	6,428,814	18,061,289	957,290	5,934,180	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19.120797	17.038456	0.176371	717.608696	61,814.375000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			79,080	14,629	114,740	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000772	10.966267	1,195.208333	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMINITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530	21,345,157					5.03
5.04	00540		579,826,214				5.04
5.05	00550	36,171		982,402,543			5.05
5.06	00560	14,826			-25,067,546	197,078,420	5.06
6.00	00600	433,370				3,411,025	6.00
7.00	00700	325				6,300,615	7.00
8.00	00800	1,911,999				1,474,114	8.00
9.00	00900	874,706				4,035,202	9.00
10.00	01000	996,024				2,638,285	10.00
11.00	01100	189,883				1,810,588	11.00
12.00	01200	0				0	12.00
13.00	01300	0				5,652,059	13.00
14.00	01400	65,311				1,326,993	14.00
15.00	01500	404,452				4,060,621	15.00
16.00	01600	96,006				2,878,320	16.00
17.00	01700	15,175				1,281,554	17.00
18.00	01850	53,184				0	18.00
18.01	01851	0				3,795,821	18.01
19.00	01900	0				0	19.00
20.00	02000	0				0	20.00
21.00	02100	0				7,128,007	21.00
22.00	02200	20,614				3,453,201	22.00
23.00	02300	0				0	23.00
23.01	02301	0				0	23.01
23.02	02302	0				229,878	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	397,985	87,415,286	87,613,721	0	30,821,191	30.00
31.00	03100	66,100	10,762,909	10,762,842	0	2,396,068	31.00
31.01	02060	63,019	26,449,351	26,449,584	0	5,627,459	31.01
32.00	03200	89,754	16,955,335	16,959,755	0	4,532,368	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	13,639	11,374,594	11,374,627	0	3,558,220	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	12,424	11,943,328	11,943,328	0	1,443,813	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	41,069,826	75,225,000	0	11,288,667	50.00
51.00	05100	15,184	11,075,403	26,196,705	0	1,683,150	51.00
52.00	05200	452,830	18,067,127	39,218,318	0	6,833,830	52.00
53.00	05300	152,090	22,297,877	32,240,254	0	2,462,045	53.00
54.00	05400	1,344,322	22,020,539	57,259,768	0	8,521,932	54.00
55.00	05500	303,897	509,248	8,360,330	0	1,074,508	55.00
56.00	05600	232,551	2,454,616	6,256,918	0	766,185	56.00
57.00	05700	388,653	24,095,506	50,749,583	0	1,704,759	57.00
58.00	05800	202,392	5,451,466	12,914,445	0	793,260	58.00
59.00	05900	1,157,905	16,316,245	21,202,731	0	1,308,003	59.00
60.00	06000	2,268,638	43,060,658	128,209,227	0	13,998,539	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	204,529	5,212,903	6,551,685	0	2,625,936	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	574,173	28,022,292	28,721,046	0	2,579,366	65.00
65.01	03560	0	5,018,364	6,181,332	0	246,995	65.01
66.00	06600	55,340	2,189,790	2,377,930	0	694,305	66.00
67.00	06700	2,224	2,606,304	2,680,853	0	518,819	67.00
68.00	06800	1	1,080,472	1,636,533	0	285,876	68.00
69.00	06900	760,780	10,198,837	17,816,801	0	2,117,879	69.00
70.00	07000	16,391	443,093	4,135,581	0	408,186	70.00
71.00	07100	3,012,267	21,626,890	26,493,452	0	6,121,338	71.00
72.00	07200	3,833,795	26,702,391	30,746,545	0	7,288,529	72.00
73.00	07300	0	57,744,039	86,337,606	0	8,521,112	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUP COST)	ADMINISTRATIVE (INP REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
74.00	07400	RENAL DIALYSIS	356,872	1,748,199	18,221,703	0	2,771,904	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	34,598	60,796	4,302,481	0	961,157	90.01
90.02	04951	ENT	33,807	1,193	1,080,755	0	421,270	90.02
90.03	04952	UNDER THE RAINBOW	8,438	0	7,669,712	0	1,790,202	90.03
90.04	09002	SPASTICITY CLINIC	674	0	3,629,107	0	709,972	90.04
91.00	09100	EMERGENCY	0	45,851,337	110,882,285	0	9,421,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,167,318	579,826,214	982,402,543	-25,067,546	195,774,397	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	177,601	0	0	0	793,298	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12,678	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	2,096	192.01
192.02	19202	DAY PSYCH	0	0	0	0	24	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	755	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	465,297	192.04
192.05	19205	DENTISTRY	238	0	0	0	24,134	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	5,741	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	894,568	2,370,133	3,511,805		25,067,546	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.041910	0.004088	0.003575		0.127196	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	207,139	43,490	77,573		1,017,959	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009704	0.000075	0.000079		0.005165	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	321,533					6.00
7.00	00700	6,165	315,368				7.00
8.00	00800	10,762	10,762	1,564,833			8.00
9.00	00900	704	704	0	303,902		9.00
10.00	01000	2,419	2,419	0	2,419	180,942	10.00
11.00	01100	17,738	17,738	0	17,738	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,980	6,980	0	6,980	0	13.00
14.00	01400	20,705	20,705	0	20,705	0	14.00
15.00	01500	2,807	2,807	0	2,807	0	15.00
16.00	01600	3,593	3,593	0	3,593	0	16.00
17.00	01700	2,117	2,117	0	2,117	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	4,367	4,367	0	4,367	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	3,686	3,686	0	3,686	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	91	91	0	91	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	96,022	96,022	683,702	96,022	131,989	30.00
31.00	03100	5,541	5,541	76,415	5,541	11,486	31.00
31.01	02060	1,770	1,770	9,968	1,770	0	31.01
32.00	03200	6,394	6,394	80,709	6,394	13,975	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	10,897	10,897	56,762	10,897	23,492	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,397	1,397	0	1,397	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,635	25,635	94,048	25,635	0	50.00
51.00	05100	1,255	1,255	26,758	1,255	0	51.00
52.00	05200	5,934	5,934	82,008	5,934	0	52.00
53.00	05300	1,745	1,745	0	1,745	0	53.00
54.00	05400	15,259	15,259	42,533	15,259	0	54.00
55.00	05500	3,568	3,568	7,203	3,568	0	55.00
56.00	05600	2,374	2,374	17,951	2,374	0	56.00
57.00	05700	949	949	11,301	949	0	57.00
58.00	05800	1,006	1,006	5,970	1,006	0	58.00
59.00	05900	2,068	2,068	19,349	2,068	0	59.00
60.00	06000	23,443	23,443	0	23,443	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	801	801	0	801	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,289	2,289	0	2,289	0	65.00
65.01	03560	1,281	1,281	0	1,281	0	65.01
66.00	06600	2,596	2,596	0	2,596	0	66.00
67.00	06700	3,032	3,032	0	3,032	0	67.00
68.00	06800	693	693	0	693	0	68.00
69.00	06900	3,719	3,719	2,408	3,719	0	69.00
70.00	07000	1,239	1,239	2,890	1,239	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
74.00	07400	RENAL DIALYSIS	1,283	1,283	45,683	1,283	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	ENT	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	7,001	7,001	0	7,001	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	6,250	6,250	299,175	6,250	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	317,575	311,410	1,564,833	299,944	180,942	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205	DENTISTRY	564	564	0	564	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,844,894	7,175,749	2,035,181	4,572,901	3,094,230	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.958007	22.753574	1.300574	15.047288	17.100673	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	537,532	285,221	432,984	59,408	110,621	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.671779	0.904407	0.276697	0.195484	0.611362	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	131,552					11.00
12.00	01200	0	0				12.00
13.00	01300	4,157	0	1,382,917			13.00
14.00	01400	1,442	0	0	7,611,790		14.00
15.00	01500	4,777	0	0	423,516	10,010,689	15.00
16.00	01600	2,610	0	0	19	0	16.00
17.00	01700	1,205	0	0	0	168,372	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	542	0	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	12,279	0	0	0	0	21.00
22.00	02200	0	0	0	129	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	200	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	32,463	0	573,365	915,398	229,714	30.00
31.00	03100	2,279	0	45,027	234,581	32,478	31.00
31.01	02060	4,764	0	106,564	232,629	43,372	31.01
32.00	03200	4,588	0	90,230	346,735	33,848	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	3,875	0	79,119	12,020	4,880	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,609	0	35,246	34,476	105	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,903	0	159,109	0	83,689	50.00
51.00	05100	1,391	0	25,277	20,845	6,818	51.00
52.00	05200	6,506	0	112,377	360,979	52,437	52.00
53.00	05300	301	0	0	307,278	201,829	53.00
54.00	05400	6,073	0	0	548,205	7,710	54.00
55.00	05500	417	0	0	1,568	6	55.00
56.00	05600	367	0	0	5,751	2,057	56.00
57.00	05700	1,032	0	0	7,072	6,190	57.00
58.00	05800	470	0	0	84,908	1,746	58.00
59.00	05900	835	0	0	142,956	5,941	59.00
60.00	06000	7,994	0	0	119,301	1,549	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100						61.00
62.00	06200	965	0	0	689	3	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,357	0	0	134,473	1,691	65.00
65.01	03560	218	0	0	0	0	65.01
66.00	06600	371	0	0	201	0	66.00
67.00	06700	300	0	0	304	0	67.00
68.00	06800	281	0	0	1,392	0	68.00
69.00	06900	889	0	0	13,353	1,175	69.00
70.00	07000	502	0	0	16,035	0	70.00
71.00	07100	0	0	0	1,563,420	0	71.00
72.00	07200	0	0	0	1,989,807	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,977,746	73.00
74.00	07400	RENAL DIALYSIS	2,035	0	0	42,169	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	918	0	0	39,634	0	90.01
90.02	04951	ENT	771	0	0	8,815	6,978	90.02
90.03	04952	UNDER THE RAINBOW	1,971	0	0	6	0	90.03
90.04	09002	SPASTICITY CLINIC	73	0	0	1,850	0	90.04
91.00	09100	EMERGENCY	9,822	0	156,603	0	139,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	131,552	0	1,382,917	7,610,514	10,009,655	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	1,276	1,027	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	7	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,923,511	0	6,810,677	2,558,085	4,965,280	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.223235	0.000000	4.924863	0.336069	0.495998	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	700,653	0	326,610	824,858	210,238	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.326054	0.000000	0.236175	0.108366	0.021001	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	19.00
			(SPECIFY) (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			18.00	18.01		
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
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	982,402,543					16.00
17.00 01700 SOCIAL SERVICE	0	8,348				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	402,373,274		18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	87,613,721	4,820	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	10,762,842	484	0	0		31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	26,449,584	327	0	0		31.01
32.00 03200 CORONARY CARE UNIT	16,959,755	467	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - I/PF	11,374,627	913	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	11,943,328	33	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	75,225,000	0	0	34,155,175	0	50.00
51.00 05100 RECOVERY ROOM	26,196,705	0	0	15,121,302	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	39,218,318	95	0	21,151,191	0	52.00
53.00 05300 ANESTHESIOLOGY	32,240,254	0	0	9,942,376	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	57,259,768	0	0	35,239,228	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	8,360,330	0	0	7,851,082	0	55.00
56.00 05600 RADIOISOTOPE	6,256,918	0	0	3,802,302	0	56.00
57.00 05700 CT SCAN	50,749,583	0	0	26,654,077	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	12,914,445	0	0	7,462,979	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	21,202,731	0	0	4,886,486	0	59.00
60.00 06000 LABORATORY	128,209,227	0	0	85,148,569	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,551,685	0	0	1,338,782	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	28,721,046	0	0	698,754	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	6,181,332	0	0	1,162,968	0	65.01
66.00 06600 PHYSICAL THERAPY	2,377,930	0	0	188,140	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,680,853	0	0	74,549	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,636,533	0	0	556,061	0	68.00
69.00 06900 ELECTROCARDIOLOGY	17,816,801	0	0	7,617,965	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,135,581	0	0	3,692,488	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,493,452	0	0	4,866,561	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)		
			(SPECIFY) (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)			
			16.00	17.00			18.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	30,746,545	0	0	0	4,044,154	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	86,337,606	0	0	0	28,593,567	0	73.00
74.00 07400 RENAL DIALYSIS	18,221,703	685	0	0	16,473,504	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	4,302,481	0	0	0	4,241,685	0	90.01
90.02 04951 ENT	1,080,755	0	0	0	1,079,562	0	90.02
90.03 04952 UNDER THE RAINBOW	7,669,712	0	0	0	7,669,712	0	90.03
90.04 09002 SPASTICITY CLINIC	3,629,107	0	0	0	3,629,107	0	90.04
91.00 09100 EMERGENCY	110,882,285	524	0	0	65,030,948	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	982,402,543	8,348	0	0	402,373,274	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,481,224	1,660,193	0	0	4,507,977	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.003544	198.873143	0.000000	0.011203	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	175,929	100,206	0	0	202,667	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000179	12.003594	0.000000	0.000504	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	NURSING SCHOOL (BLANK) 20.00	INTERNS & RESIDENTS		PARAMED PRGM (BLANK) 23.00	PASTORAL EDUCATION (BLANK) 23.01	
		SERVICES-SALARY & FRINGES (I/R TIME) 21.00	SERVICES-OTHER PRGM COSTS (I/R TIME) 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
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 01851 OUTPATIENT ACCOUNTING						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		7,700				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			7,700			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				0		23.00
23.01 02301 PASTORAL EDUCATION				0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM				0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	5,400	5,400	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	300	300	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	200	200	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	100	100	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	1,000	1,000	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	100	100	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	100	100	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	100	100	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description	NURSING SCHOOL (BLANK) 20.00	INTERNS & RESIDENTS		PARAMED PRGM (BLANK) 23.00	PASTORAL EDUCATION (BLANK) 23.01	
		SERVICES-SALARY & FRINGES (I/R TIME) 21.00	SERVICES-OTHER PRGM COSTS (I/R TIME) 22.00			
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 04951 ENT	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	400	400	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	7,700	7,700	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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	8,307,540	4,075,888	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,078.901299	529.336104	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	106,893	163,295	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	13.882208	21.207143	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARMACY RESID TIME SPENT)	
		23.02	
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
5.01	00510	NONPATIENT TELEPHONES	5.01
5.02	00520	DATA PROCESSING	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	5.03
5.04	00540	ADMITTING	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
18.01	01851	OUTPATIENT ACCOUNTING	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	PASTORAL EDUCATION	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	23.02
		10,000	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARMACY RESID TIME SPENT)	
		23.02	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0
74.00	07400	RENAL DIALYSIS	0
75.00	07500	ASC (NON-DISTINCT PART)	0
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0
90.00	09000	CLINIC	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	0
90.02	04951	ENT	0
90.03	04952	UNDER THE RAINBOW	0
90.04	09002	SPASTICITY CLINIC	0
91.00	09100	EMERGENCY	1,300
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0
95.00	09500	AMBULANCE SERVICES	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0
99.00	09900	CMHC	0
99.10	09910	CORF	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0
101.00	10100	HOME HEALTH AGENCY	0
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0
106.00	10600	HEART ACQUISITION	0
107.00	10700	LIVER ACQUISITION	0
108.00	10800	LUNG ACQUISITION	0
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
113.00	11300	INTEREST EXPENSE	0
114.00	11400	UTILIZATION REVIEW-SNF	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0
116.00	11600	HOSPICE	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	KLING OFFICE BLDG	0
192.02	19202	DAY PSYCH	0
192.03	19203	FAMILY PLANNING	0
192.04	19204	DEVELOPMENT	0
192.05	19205	DENTISTRY	0
192.06	19206	OCCUPATIONAL HEALTH	0
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0
193.00	19300	NONPAID WORKERS	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	268,091
203.00		Unit cost multiplier (Wkst. B, Part I)	26.809100
204.00		Cost to be allocated (per Wkst. B, Part II)	5,928
205.00		Unit cost multiplier (Wkst. B, Part II)	0.592800

Provider CCN: 140018

Period:
 From 07/01/2011
 To 06/30/2012

Worksheet B-2
 Date/Time Prepared:
 12/12/2012 1:40 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	-409,229	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 12/12/2012 1:40 pm			
			Title XVIII	Hospital	PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,085,730		48,085,730	472,983	48,558,713	30.00
31.00	03100	INTENSIVE CARE UNIT	3,789,644		3,789,644	0	3,789,644	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,343,618		7,343,618	0	7,343,618	31.01
32.00	03200	CORONARY CARE UNIT	6,624,242		6,624,242	0	6,624,242	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	5,732,693		5,732,693	44,934	5,777,627	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,966,840		1,966,840	0	1,966,840	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,772,392		15,772,392	511,144	16,283,536	50.00
51.00	05100	RECOVERY ROOM	2,422,519		2,422,519	0	2,422,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,347,862		9,347,862	0	9,347,862	52.00
53.00	05300	ANESTHESIOLOGY	3,297,743		3,297,743	117,939	3,415,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,341,211		11,341,211	201,864	11,543,075	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,525,471		1,525,471	0	1,525,471	55.00
56.00	05600	RADIOISOTOPE	1,080,996		1,080,996	0	1,080,996	56.00
57.00	05700	CT SCAN	2,490,361		2,490,361	0	2,490,361	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,121,204		1,121,204	0	1,121,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,801,873		1,801,873	0	1,801,873	59.00
60.00	06000	LABORATORY	18,572,179		18,572,179	16,968	18,589,147	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,059,697		3,059,697	0	3,059,697	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,229,375	0	3,229,375	0	3,229,375	65.00
65.01	03560	PULMONARY FUNCTION TESTING	381,934	0	381,934	0	381,934	65.01
66.00	06600	PHYSICAL THERAPY	930,640	0	930,640	0	930,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	752,785	0	752,785	0	752,785	67.00
68.00	06800	SPEECH PATHOLOGY	375,464	0	375,464	0	375,464	68.00
69.00	06900	ELECTROCARDIOLOGY	2,748,765		2,748,765	0	2,748,765	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	598,085		598,085	0	598,085	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,573,778		7,573,778	0	7,573,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,038,583		9,038,583	0	9,038,583	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,684,220		14,684,220	0	14,684,220	73.00
74.00	07400	RENAL DIALYSIS	3,283,260		3,283,260	0	3,283,260	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,179,901		1,179,901	0	1,179,901	90.01
90.02	04951	ENT	514,335		514,335	0	514,335	90.02
90.03	04952	UNDER THE RAINBOW	2,523,180		2,523,180	0	2,523,180	90.03
90.04	09002	SPASTICITY CLINIC	856,041		856,041	0	856,041	90.04
91.00	09100	EMERGENCY	13,638,911		13,638,911	152,860	13,791,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,417,477		1,417,477	0	1,417,477	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE	Total Costs		
					Disallowance			
		1.00	2.00	3.00	4.00	5.00		
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	209,103,009	0	209,103,009	1,518,692	210,621,701	200.00
201.00		Less Observation Beds	1,417,477		1,417,477		1,417,477	201.00
202.00		Total (see instructions)	207,685,532	0	207,685,532	1,518,692	209,204,224	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2011 To 06/30/2012		Worksheet C Part I Date/Time Prepared: 12/12/2012 1:40 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,415,286		87,415,286			30.00
31.00	03100	INTENSIVE CARE UNIT	10,762,909		10,762,909			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	26,449,351		26,449,351			31.01
32.00	03200	CORONARY CARE UNIT	16,955,335		16,955,335			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	11,374,594		11,374,594			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	11,943,328		11,943,328			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,069,826	34,155,175	75,225,001	0.209670	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,075,403	15,121,302	26,196,705	0.092474	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,067,127	21,151,191	39,218,318	0.238354	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,297,877	9,942,376	32,240,253	0.102287	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,020,539	35,239,228	57,259,767	0.198066	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	509,248	7,851,082	8,360,330	0.182465	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,454,616	3,802,302	6,256,918	0.172768	0.000000	56.00
57.00	05700	CT SCAN	24,995,506	26,654,077	50,749,583	0.049072	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,451,466	7,462,979	12,914,445	0.086818	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,316,245	4,886,486	21,202,731	0.084983	0.000000	59.00
60.00	06000	LABORATORY	43,060,658	85,148,569	128,209,227	0.144858	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,212,903	1,338,782	6,551,685	0.467009	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	28,022,292	698,754	28,721,046	0.112439	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	5,018,364	1,162,968	6,181,332	0.061788	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,189,790	188,140	2,377,930	0.391366	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,606,304	74,549	2,680,853	0.280801	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,080,472	556,061	1,636,533	0.229426	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,198,837	7,617,965	17,816,802	0.154279	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	443,093	3,692,488	4,135,581	0.144619	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,626,890	4,866,561	26,493,451	0.285874	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,702,391	4,044,154	30,746,545	0.293971	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,744,039	28,593,567	86,337,606	0.170079	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,748,199	16,473,504	18,221,703	0.180184	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	60,796	4,241,685	4,302,481	0.274237	0.000000	90.01
90.02	04951	ENT	1,193	1,079,562	1,080,755	0.475903	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	7,669,712	7,669,712	0.328980	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	3,629,107	3,629,107	0.235882	0.000000	90.04
91.00	09100	EMERGENCY	45,851,337	65,030,948	110,882,285	0.123004	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,913,266	1,913,266	0.740868	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	579,826,214	404,286,540	984,112,754			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	579,826,214	404,286,540	984,112,754			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 12/12/2012 1:40 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.216464		50.00
51.00	05100 RECOVERY ROOM	0.092474		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.238354		52.00
53.00	05300 ANESTHESIOLOGY	0.105945		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201591		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.182465		55.00
56.00	05600 RADIOISOTOPE	0.172768		56.00
57.00	05700 CT SCAN	0.049072		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086818		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084983		59.00
60.00	06000 LABORATORY	0.144991		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.467009		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.112439		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.061788		65.01
66.00	06600 PHYSICAL THERAPY	0.391366		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280801		67.00
68.00	06800 SPEECH PATHOLOGY	0.229426		68.00
69.00	06900 ELECTROCARDIOLOGY	0.154279		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.144619		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.285874		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.293971		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170079		73.00
74.00	07400 RENAL DIALYSIS	0.180184		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.274237		90.01
90.02	04951 ENT	0.475903		90.02
90.03	04952 UNDER THE RAINBOW	0.328980		90.03
90.04	09002 SPASTICITY CLINIC	0.235882		90.04
91.00	09100 EMERGENCY	0.124382		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.740868		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 12/12/2012 1:40 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
115.00	11500	11.00		115.00
116.00	11600			116.00
200.00				200.00
201.00				201.00
202.00				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 12/12/2012 1:40 pm
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Cost Center Description		Title XVIII					Hospital	Per Diem (col. 3 / col. 4)	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days				
		1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	4,704,712	0	4,704,712	45,836	102.64	30.00	
31.00	03100	INTENSIVE CARE UNIT	316,646		316,646	4,104	77.16	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	194,167		194,167	7,834	24.79	31.01	
32.00	03200	CORONARY CARE UNIT	402,120		402,120	4,991	80.57	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	04000	SUBPROVIDER - IPF	530,567	0	530,567	8,390	63.24	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	04300	NURSERY	87,888		87,888	5,602	15.69	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	04500	NURSING FACILITY	0		0	0	0.00	45.00	
200.00		Total (lines 30-199)	6,236,100		6,236,100	76,757		200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	10,064	1,032,969	30.00
31.00	03100 INTENSIVE CARE UNIT	1,021	78,780	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	0	0	31.01
32.00	03200 CORONARY CARE UNIT	1,404	113,120	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	1,610	101,816	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	14,099	1,326,685	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140018		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part II Date/Time Prepared: 12/12/2012 1:40 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,216,516	75,225,001	0.016172	10,017,696	162,006	50.00
51.00	05100	RECOVERY ROOM	97,113	26,196,705	0.003707	2,162,607	8,017	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	421,877	39,218,318	0.010757	72,215	777	52.00
53.00	05300	ANESTHESIOLOGY	136,710	32,240,253	0.004240	2,622,832	11,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	805,965	57,259,767	0.014076	4,654,753	65,520	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	158,294	8,360,330	0.018934	137,116	2,596	55.00
56.00	05600	RADIOISOTOPE	110,262	6,256,918	0.017622	546,954	9,638	56.00
57.00	05700	CT SCAN	87,960	50,749,583	0.001733	5,190,885	8,996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	66,525	12,914,445	0.005151	1,459,592	7,518	58.00
59.00	05900	CARDIAC CATHETERIZATION	133,623	21,202,731	0.006302	2,851,912	17,973	59.00
60.00	06000	LABORATORY	1,162,013	128,209,227	0.009063	11,928,353	108,107	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	55,224	6,551,685	0.008429	714,212	6,020	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	146,193	28,721,046	0.005090	4,046,361	20,596	65.00
65.01	03560	PULMONARY FUNCTION TESTING	54,977	6,181,332	0.008894	1,274,920	11,339	65.01
66.00	06600	PHYSICAL THERAPY	108,484	2,377,930	0.045621	593,992	27,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	123,611	2,680,853	0.046109	416,932	19,224	67.00
68.00	06800	SPEECH PATHOLOGY	31,081	1,636,533	0.018992	328,612	6,241	68.00
69.00	06900	ELECTROCARDIOLOGY	179,986	17,816,802	0.010102	4,068,595	41,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	59,091	4,135,581	0.014288	114,078	1,630	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	241,180	26,493,451	0.009103	6,448,226	58,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	302,453	30,746,545	0.009837	5,885,121	57,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	273,572	86,337,606	0.003169	16,150,972	51,182	73.00
74.00	07400	RENAL DIALYSIS	118,374	18,221,703	0.006496	914,872	5,943	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	18,231	4,302,481	0.004237	0	0	90.01
90.02	04951	ENT	8,757	1,080,755	0.008103	0	0	90.02
90.03	04952	UNDER THE RAINBOW	299,102	7,669,712	0.038998	0	0	90.03
90.04	09002	SPASTICITY CLINIC	7,478	3,629,107	0.002061	0	0	90.04
91.00	09100	EMERGENCY	543,146	110,882,285	0.004898	4,912,078	24,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	137,335	1,913,266	0.071780	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	7,105,133	819,211,951		87,513,886	733,293	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140018		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 12/12/2012 1:40 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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	184,179	0	0	184,179	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,549	0	0	15,549	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	10,187	0	0	10,187	31.01
32.00	03200	CORONARY CARE UNIT	0	20,643	0	0	20,643	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	230,558	0	0	230,558	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 12/12/2012 1:40 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital		PSA Adj. Nursing School	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
	6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,836	4.02	10,064	40,457	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,104	3.79	1,021	3,870	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,834	1.30	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	4,991	4.14	1,404	5,813	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,390	0.00	1,610	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	5,602	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	76,757		14,099	50,140	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 12/12/2012 1:40 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0		31.01
32.00 03200 CORONARY CARE UNIT	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 04000 SUBPROVIDER - I PF	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
43.00 04300 NURSERY	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		44.00
45.00 04500 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 12/12/2012 1:40 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	2,681	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY		0	0	0	90.01
90.02	04951	ENT		0	0	0	90.02
90.03	04952	UNDER THE RAINBOW		0	0	0	90.03
90.04	09002	SPASTICITY CLINIC		0	0	0	90.04
91.00	09100	EMERGENCY		0	34,852	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	5,376	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
200.00		Total (Lines 50-199)		0	42,909	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 12/12/2012 1:40 pm
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Cost Center Description		Title XVIII				Hospital	
		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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	75,225,001	0.000000	0.000000	10,017,696	50.00
51.00	05100 RECOVERY ROOM	0	26,196,705	0.000000	0.000000	2,162,607	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,681	39,218,318	0.000068	0.000068	72,215	52.00
53.00	05300 ANESTHESIOLOGY	0	32,240,253	0.000000	0.000000	2,622,832	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	57,259,767	0.000000	0.000000	4,654,753	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,360,330	0.000000	0.000000	137,116	55.00
56.00	05600 RADIOISOTOPE	0	6,256,918	0.000000	0.000000	546,954	56.00
57.00	05700 CT SCAN	0	50,749,583	0.000000	0.000000	5,190,885	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,914,445	0.000000	0.000000	1,459,592	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,202,731	0.000000	0.000000	2,851,912	59.00
60.00	06000 LABORATORY	0	128,209,227	0.000000	0.000000	11,928,353	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,551,685	0.000000	0.000000	714,212	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	28,721,046	0.000000	0.000000	4,046,361	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	6,181,332	0.000000	0.000000	1,274,920	65.01
66.00	06600 PHYSICAL THERAPY	0	2,377,930	0.000000	0.000000	593,992	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,680,853	0.000000	0.000000	416,932	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,636,533	0.000000	0.000000	328,612	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,816,802	0.000000	0.000000	4,068,595	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,135,581	0.000000	0.000000	114,078	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,493,451	0.000000	0.000000	6,448,226	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,746,545	0.000000	0.000000	5,885,121	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	86,337,606	0.000000	0.000000	16,150,972	73.00
74.00	07400 RENAL DIALYSIS	0	18,221,703	0.000000	0.000000	914,872	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	4,302,481	0.000000	0.000000	0	90.01
90.02	04951 ENT	0	1,080,755	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	7,669,712	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	0	3,629,107	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	34,852	110,882,285	0.000314	0.000314	4,912,078	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,376	1,913,266	0.002810	0.002810	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	42,909	819,211,951			87,513,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	4,603,566	0			0 50.00
51.00	05100 RECOVERY ROOM	0	1,795,577	0			0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5	0	0			0 52.00
53.00	05300 ANESTHESIOLOGY	0	913,049	0			0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,510,340	0			0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,923,449	0			0 55.00
56.00	05600 RADIOISOTOPE	0	999,366	0			0 56.00
57.00	05700 CT SCAN	0	3,496,866	0			0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	957,294	0			0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	943,896	0			0 59.00
60.00	06000 LABORATORY	0	719,451	0			0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0			0 60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			0 61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	103,218	0			0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0			0 63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0			0 64.00
65.00	06500 RESPIRATORY THERAPY	0	105,648	0			0 65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	241,334	0			0 65.01
66.00	06600 PHYSICAL THERAPY	0	0	0			0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0			0 67.00
68.00	06800 SPEECH PATHOLOGY	0	58,237	0			0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,131,720	0			0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	283,750	0			0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	764,800	0			0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	790,250	0			0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,485,000	0			0 73.00
74.00	07400 RENAL DIALYSIS	0	0	0			0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0			0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0			0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			0 89.00
90.00	09000 CLINIC	0	0	0			0 90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	496,535	0			0 90.01
90.02	04951 ENT	0	351,358	0			0 90.02
90.03	04952 UNDER THE RAINBOW	0	1,364,506	0			0 90.03
90.04	09002 SPASTICITY CLINIC	0	0	0			0 90.04
91.00	09100 EMERGENCY	1,542	3,894,712	1,223			0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	446,739	1,255			0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0			0 94.00
95.00	09500 AMBULANCE SERVICES	0	0	0			0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0			0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0			0 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0			0 98.00
200.00	Total (Lines 50-199)	1,547	40,380,661	2,478			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 12/12/2012 1:40 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0			65.01
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0			90.01
90.02	04951 ENT	0	0			90.02
90.03	04952 UNDER THE RAINBOW	0	0			90.03
90.04	09002 SPASTICITY CLINIC	0	0			90.04
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 12/12/2012 1:40 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.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.209670	4,603,566	0	0	50.00
51.00	05100 RECOVERY ROOM	0.092474	1,795,577	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.238354	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.102287	913,049	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198066	4,510,340	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.182465	1,923,449	0	0	55.00
56.00	05600 RADIOISOTOPE	0.172768	999,366	0	0	56.00
57.00	05700 CT SCAN	0.049072	3,496,866	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086818	957,294	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084983	943,896	0	0	59.00
60.00	06000 LABORATORY	0.144858	719,451	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.467009	103,218	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.112439	105,648	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.061788	241,334	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.391366	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280801	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.229426	58,237	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.154279	2,131,720	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.144619	283,750	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.285874	764,800	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.293971	790,250	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170079	8,485,000	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.180184	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.274237	496,535	0	0	90.01
90.02	04951 ENT	0.475903	351,358	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0.328980	1,364,506	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.235882	0	0	0	90.04
91.00	09100 EMERGENCY	0.123004	3,894,712	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.740868	446,739	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		40,380,661	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		40,380,661	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS	
	PPS Services (see inst.)	Cost	Cost			
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	965,230	0	0	50.00
51.00	05100	RECOVERY ROOM	166,044	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	93,393	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	893,345	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	350,962	0	0	55.00
56.00	05600	RADIOISOTOPE	172,658	0	0	56.00
57.00	05700	CT SCAN	171,598	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	83,110	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	80,215	0	0	59.00
60.00	06000	LABORATORY	104,218	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	48,204	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,879	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,912	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,361	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	328,880	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,036	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	218,636	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	232,311	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,443,120	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	136,168	0	0	90.01
90.02	04951	ENT	167,212	0	0	90.02
90.03	04952	UNDER THE RAINBOW	448,895	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	90.04
91.00	09100	EMERGENCY	479,065	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	330,975	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00		Subtotal (see instructions)	6,995,427	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	6,995,427	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part II Date/Time Prepared: 12/12/2012 1:40 pm	
		Component CCN: 14S018		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,216,516	75,225,001	0.016172	5,093	82	50.00
51.00	05100 RECOVERY ROOM	97,113	26,196,705	0.003707	38,523	143	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	421,877	39,218,318	0.010757	0	0	52.00
53.00	05300 ANESTHESIOLOGY	136,710	32,240,253	0.004240	12,729	54	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	805,965	57,259,767	0.014076	27,566	388	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	158,294	8,360,330	0.018934	0	0	55.00
56.00	05600 RADIOISOTOPE	110,262	6,256,918	0.017622	0	0	56.00
57.00	05700 CT SCAN	87,960	50,749,583	0.001733	58,040	101	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	66,525	12,914,445	0.005151	14,170	73	58.00
59.00	05900 CARDIAC CATHETERIZATION	133,623	21,202,731	0.006302	0	0	59.00
60.00	06000 LABORATORY	1,162,013	128,209,227	0.009063	403,110	3,653	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	55,224	6,551,685	0.008429	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	146,193	28,721,046	0.005090	1,947	10	65.00
65.01	03560 PULMONARY FUNCTION TESTING	54,977	6,181,332	0.008894	1,329	12	65.01
66.00	06600 PHYSICAL THERAPY	108,484	2,377,930	0.045621	742	34	66.00
67.00	06700 OCCUPATIONAL THERAPY	123,611	2,680,853	0.046109	200,270	9,234	67.00
68.00	06800 SPEECH PATHOLOGY	31,081	1,636,533	0.018992	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	179,986	17,816,802	0.010102	10,715	108	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	59,091	4,135,581	0.014288	2,125	30	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	241,180	26,493,451	0.009103	8,474	77	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	302,453	30,746,545	0.009837	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	273,572	86,337,606	0.003169	540,669	1,713	73.00
74.00	07400 RENAL DIALYSIS	118,374	18,221,703	0.006496	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	18,231	4,302,481	0.004237	0	0	90.01
90.02	04951 ENT	8,757	1,080,755	0.008103	0	0	90.02
90.03	04952 UNDER THE RAINBOW	299,102	7,669,712	0.038998	0	0	90.03
90.04	09002 SPASTICITY CLINIC	7,478	3,629,107	0.002061	0	0	90.04
91.00	09100 EMERGENCY	543,146	110,882,285	0.004898	480,333	2,353	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,913,266	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	6,967,798	819,211,951		1,805,835	18,065	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 12/12/2012 1:40 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		0	0	0	0	50.00
51.00	05100 RECOVERY ROOM		0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	2,681	0	2,681	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	0	55.00
56.00	05600 RADIOISOTOPE		0	0	0	0	56.00
57.00	05700 CT SCAN		0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	0	59.00
60.00	06000 LABORATORY		0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY		0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING		0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY		0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY		0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY		0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS		0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	89.00
90.00	09000 CLINIC		0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY		0	0	0	0	90.01
90.02	04951 ENT		0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW		0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC		0	0	0	0	90.04
91.00	09100 EMERGENCY		0	34,852	0	34,852	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0	0	0	0	98.00
200.00	Total (lines 50-199)		0	37,533	0	37,533	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 12/12/2012 1:40 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	75,225,001	0.000000	0.000000	5,093	50.00
51.00	05100 RECOVERY ROOM	0	26,196,705	0.000000	0.000000	38,523	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,681	39,218,318	0.000068	0.000068	0	52.00
53.00	05300 ANESTHESIOLOGY	0	32,240,253	0.000000	0.000000	12,729	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	57,259,767	0.000000	0.000000	27,566	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,360,330	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	6,256,918	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	50,749,583	0.000000	0.000000	58,040	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,914,445	0.000000	0.000000	14,170	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,202,731	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	128,209,227	0.000000	0.000000	403,110	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,551,685	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	28,721,046	0.000000	0.000000	1,947	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	6,181,332	0.000000	0.000000	1,329	65.01
66.00	06600 PHYSICAL THERAPY	0	2,377,930	0.000000	0.000000	742	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,680,853	0.000000	0.000000	200,270	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,636,533	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,816,802	0.000000	0.000000	10,715	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,135,581	0.000000	0.000000	2,125	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,493,451	0.000000	0.000000	8,474	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,746,545	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	86,337,606	0.000000	0.000000	540,669	73.00
74.00	07400 RENAL DIALYSIS	0	18,221,703	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	4,302,481	0.000000	0.000000	0	90.01
90.02	04951 ENT	0	1,080,755	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	7,669,712	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	0	3,629,107	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	34,852	110,882,285	0.000314	0.000314	480,333	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,913,266	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	37,533	819,211,951			1,805,835	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 12/12/2012 1:40 pm
	Component CCN: 14S018	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0	0			56.00
57.00	05700 CT SCAN	0	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000 LABORATORY	0	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0	0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0			65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0			65.01
66.00	06600 PHYSICAL THERAPY	0	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000 CLINIC	0	0	0			90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0			90.01
90.02	04951 ENT	0	0	0			90.02
90.03	04952 UNDER THE RAINBOW	0	0	0			90.03
90.04	09002 SPASTICITY CLINIC	0	0	0			90.04
91.00	09100 EMERGENCY	151	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00	Total (lines 50-199)	151	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 12/12/2012 1:40 pm
	Component CCN: 14S018	Title XVII I	Subprovider - IPF PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	90.01
90.02 04951 ENT	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 12/12/2012 1:40 pm	
		Component CCN: 14S018	Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		
			Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209670	0	0	50.00
51.00	05100 RECOVERY ROOM	0.092474	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.238354	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.102287	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198066	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.182465	0	0	55.00
56.00	05600 RADIOISOTOPE	0.172768	0	0	56.00
57.00	05700 CT SCAN	0.049072	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086818	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084983	0	0	59.00
60.00	06000 LABORATORY	0.144858	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.467009	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.112439	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.061788	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.391366	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280801	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.229426	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.154279	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.144619	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.285874	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.293971	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170079	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.180184	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.274237	0	0	90.01
90.02	04951 ENT	0.475903	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0.328980	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.235882	0	0	90.04
91.00	09100 EMERGENCY	0.123004	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.740868	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Subtotal (see instructions)		0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 12/12/2012 1:40 pm		
		Component CCN: 14S018	Title XVIII	Subprovider - IPF PPS		
Cost Center Description	Costs					
	PPS Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	90.01
90.02	04951	ENT	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00		Subtotal (see instructions)	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 12/12/2012 1:40 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,836	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,836	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.		173	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		44,325	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,064	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)		48,558,713	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)		48,558,713	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		64,040,407	28.00
29.00	Private room charges (excluding swing-bed charges)		256,732	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		63,783,675	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.758251	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,484.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,439.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		45.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		34.12	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		5,903	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,552,810	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,059.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,661,802	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)		10,661,802	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		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	3,789,644	4,104	923.40	1,021	942,791	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	7,343,618	7,834	937.40	0	0	43.01
44.00	CORONARY CARE UNIT	6,624,242	4,991	1,327.24	1,404	1,863,445	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,107,344	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,575,382	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)					1,275,009	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					734,840	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,009,849	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					26,565,533	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)					1,338	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,059.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,417,477	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet D-1
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,704,712	48,558,713	0.096887	1,417,477	137,335	90.00
91.00	Nursing School cost	0	48,558,713	0.000000	1,417,477	0	91.00
92.00	Allied health cost	184,179	48,558,713	0.003793	1,417,477	5,376	92.00
93.00	All other Medical Education	0	48,558,713	0.000000	1,417,477	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,390	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,390	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.		158	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,232	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,610	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)		5,777,627	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)		5,777,627	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		11,845,848	28.00
29.00	Private room charges (excluding swing-bed charges)		234,472	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		11,611,376	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.487734	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,484.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,410.52	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		73.48	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		35.84	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		5,663	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,771,964	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)		688.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,108,694	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,108,694	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Component CCN: 14S018				Date/Time Prepared: 12/12/2012 1:40 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					287,005	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,395,699	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)					101,816	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,216	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					120,032	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,275,667	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: 140018 Component CCN: 14S018	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	530,567	5,777,627	0.091831	0	0	90.00
91.00 Nursing School cost	0	5,777,627	0.000000	0	0	91.00
92.00 Allied health cost	0	5,777,627	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,777,627	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 12/12/2012 1:40 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,627,719	30.00
31.00	03100	INTENSIVE CARE UNIT		3,196,092	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		4,731,292	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216464	10,017,696	50.00
51.00	05100	RECOVERY ROOM	0.092474	2,162,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238354	72,215	52.00
53.00	05300	ANESTHESIOLOGY	0.105945	2,622,832	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201591	4,654,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182465	137,116	55.00
56.00	05600	RADIOISOTOPE	0.172768	546,954	56.00
57.00	05700	CT SCAN	0.049072	5,190,885	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086818	1,459,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084983	2,851,912	59.00
60.00	06000	LABORATORY	0.144991	11,928,353	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.467009	714,212	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.112439	4,046,361	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.061788	1,274,920	65.01
66.00	06600	PHYSICAL THERAPY	0.391366	593,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.280801	416,932	67.00
68.00	06800	SPEECH PATHOLOGY	0.229426	328,612	68.00
69.00	06900	ELECTROCARDIOLOGY	0.154279	4,068,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.144619	114,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.285874	6,448,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293971	5,885,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170079	16,150,972	73.00
74.00	07400	RENAL DIALYSIS	0.180184	914,872	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.274237	0	90.01
90.02	04951	ENT	0.475903	0	90.02
90.03	04952	UNDER THE RAINBOW	0.328980	0	90.03
90.04	09002	SPASTICITY CLINIC	0.235882	0	90.04
91.00	09100	EMERGENCY	0.124382	4,912,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.740868	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		87,513,886	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)		87,513,886	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 14S018		Date/Time Prepared: 12/12/2012 1:40 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		2,168,433	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216464	5,093	50.00
51.00	05100	RECOVERY ROOM	0.092474	38,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238354	0	52.00
53.00	05300	ANESTHESIOLOGY	0.105945	12,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201591	27,566	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182465	0	55.00
56.00	05600	RADIOISOTOPE	0.172768	0	56.00
57.00	05700	CT SCAN	0.049072	58,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086818	14,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084983	0	59.00
60.00	06000	LABORATORY	0.144991	403,110	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.467009	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.112439	1,947	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.061788	1,329	65.01
66.00	06600	PHYSICAL THERAPY	0.391366	742	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.280801	200,270	67.00
68.00	06800	SPEECH PATHOLOGY	0.229426	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.154279	10,715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.144619	2,125	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.285874	8,474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293971	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170079	540,669	73.00
74.00	07400	RENAL DIALYSIS	0.180184	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.274237	0	90.01
90.02	04951	ENT	0.475903	0	90.02
90.03	04952	UNDER THE RAINBOW	0.328980	0	90.03
90.04	09002	SPASTICITY CLINIC	0.235882	0	90.04
91.00	09100	EMERGENCY	0.124382	480,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.740868	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,805,835	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,805,835	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		19,691,776	1.00
2.00	Outlier payments for discharges. (see instructions)		575,291	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		3,031,237	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		259.34	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)		81.96	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)		33.00	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)		2.60	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		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)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		112.36	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		121.29	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.55	11.00
12.00	Current year allowable FTE (see instructions)		114.91	12.00
13.00	Total allowable FTE count for the prior year.		117.19	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.		116.94	14.00
15.00	Sum of lines 12 through 14 divided by 3.		116.35	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		116.35	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.448639	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.453313	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.448639	21.00
22.00	IME payment adjustment (see instructions)		4,968,114	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)		8.93	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)		4,968,114	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		17.79	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		63.91	31.00
32.00	Sum of lines 30 and 31		81.70	32.00
33.00	Allowable disproportionate share percentage (see instructions)		56.61	33.00
34.00	Disproportionate share adjustment (see instructions)		11,147,514	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 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		36,382,695	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		36,382,695	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,411,654	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		2,123,159	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
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		50,140	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		1,547	58.00
59.00	Total (sum of amounts on lines 49 through 58)		40,969,195	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,969,195	61.00
62.00	Deductibles billed to program beneficiaries		1,777,186	62.00
63.00	Coinsurance billed to program beneficiaries		301,701	63.00
64.00	Allowable bad debts (see instructions)		1,219,932	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		853,952	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,219,932	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,744,260	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
70.95	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)		39,744,260	71.00
72.00	Interim payments		40,680,299	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)		-936,039	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	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: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 12/12/2012 1:40 pm
		Title VIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,992,949	2.00
3.00	PPS payments		7,410,464	3.00
4.00	Outlier payment (see instructions)		41,696	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		2,478	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		7,454,638	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,760,060	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		5,694,578	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		495,558	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)		6,190,136	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6,190,136	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		37,400	33.00
34.00	Allowable bad debts (see instructions)		576,194	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		403,336	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		576,194	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		6,630,872	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		6,630,872	40.00
41.00	Interim payments		6,664,778	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)		-33,906	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: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 12/12/2012 1:40 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
12/12/2012 1:40 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		40,729,777		6,363,173	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	06/22/2012	40,044		384,666	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	04/13/2012	89,522		83,061	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)		-49,478		301,605	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)		40,680,299		6,664,778	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		936,039		33,906	6.02	
7.00	Total Medicare program liability (see instructions)		39,744,260		6,630,872	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: 140018
Component CCN: 14S018

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
12/12/2012 1:40 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,237,290			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)					0 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	04/13/2012	88,321			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)		-88,321			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,148,969			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		57,325			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		1,206,294			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part II Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,286,116 1.00
2.00	Net IPF PPS Outlier Payments			10,359 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			22.923497 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,296,475 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,296,475 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,296,475 18.00
19.00	Deductibles			130,904 19.00
20.00	Subtotal (line 18 minus line 19)			1,165,571 20.00
21.00	Coinsurance			29,072 21.00
22.00	Subtotal (line 20 minus line 21)			1,136,499 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			99,491 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			69,644 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,206,143 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			151 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,206,294 31.00
32.00	Interim payments			1,148,969 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			57,325 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			10,359 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: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 12/12/2012 1:40 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			91.66	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.38	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			122.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			121.29	6.00
7.00	Enter the lesser of line 5 or line 6			121.29	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.	90.34	26.44	116.78	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	90.34	26.44	116.78	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.21		10.00
11.00	Total weighted FTE count	90.34	28.65		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	88.25	30.55		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	85.83	33.64		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	88.14	30.95		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	88.14	30.95		17.00
18.00	Per resident amount	99,335.28	94,061.77		18.00
19.00	Approved amount for resident costs	8,755,412	2,911,212	11,666,624	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)			11,666,624	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	14,099	1,831		26.00
27.00	Total Inpatient Days (see instructions)	69,817	69,817		27.00
28.00	Ratio of inpatient days to total inpatient days	0.201942	0.026226		28.00
29.00	Program direct GME amount	2,355,981	305,969		29.00
30.00	Reduction for direct GME payments for Medicare managed care		43,233		30.00
31.00	Net Program direct GME amount			2,618,717	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		18,221,703	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)		29,971,081	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		29,971,081	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		6,995,427	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		6,995,427	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		36,966,508	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.810763	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.189237	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,618,717	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,123,159	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		495,558	50.00

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

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet G

Date/Time Prepared:
12/12/2012 1:40 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	5,751,000	0	0	0	1.00
2.00	Temporary investments	2,142,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	50,737,000	0	0	0	4.00
5.00	Other receivable	2,978,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,488,000	0	0	0	6.00
7.00	Inventory	2,985,000	0	0	0	7.00
8.00	Prepaid expenses	1,828,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-5,481,000	689,000	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	47,452,000	689,000	0	0	11.00
FIXED ASSETS						
12.00	Land	1,725,652	0	0	0	12.00
13.00	Land improvements	682,066	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	146,619,614	0	0	0	15.00
16.00	Accumulated depreciation	-90,960,286	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	69,188	0	0	0	21.00
22.00	Accumulated depreciation	-255,547	0	0	0	22.00
23.00	Major movable equipment	80,482,077	0	0	0	23.00
24.00	Accumulated depreciation	-59,453,764	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)	78,909,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	20,200,000	0	0	0	31.00
32.00	Deposits on leases	17,114,000	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	272,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	37,586,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	163,947,000	689,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	38,273,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,461,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,001,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	5,588,000	0	0	0	43.00
44.00	Other current liabilities	15,996,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	72,319,000	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	109,035,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	109,035,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	181,354,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-17,407,000	0	0	0	52.00
53.00	Specific purpose fund	0	689,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-17,407,000	689,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	163,947,000	689,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
12/12/2012 1:40 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		-15,322,000	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,112,000			2.00
3.00	Total (sum of line 1 and line 2)		-17,434,000		481,000	3.00
4.00	Additions (credit adjustments) (specify)	27,000		0		4.00
5.00	DONOR CONTRIBUTIONS	0		403,000		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		27,000		403,000	10.00
11.00	Subtotal (line 3 plus line 10)		-17,407,000		884,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSETS RELEASED FR RESTRICT USE	0		195,000		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		195,000	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-17,407,000		689,000	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
12/12/2012 1:40 pm

	Endowment Fund		Plant Fund			
	5.00	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		0			4.00
5.00 DONOR CONTRIBUTIONS	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 Deductions (debit adjustments) (specify)	0		0			12.00
13.00 NET ASSETS RELEASED FR RESTRICT USE	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		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: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/12/2012 1:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	92,497,499		92,497,499	1.00
2.00	SUBPROVIDER - IPF	11,347,978		11,347,978	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	103,845,477		103,845,477	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,866,536		13,866,536	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	24,588,234		24,588,234	11.01
12.00	CORONARY CARE UNIT	14,934,753		14,934,753	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	53,389,523		53,389,523	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	157,235,000		157,235,000	17.00
18.00	Ancillary services	421,770,000	409,129,000	830,899,000	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	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)	579,005,000	409,129,000	988,134,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		247,414,332		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	EXP FORE EXCL CCNS 9992-9998	10,648			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)		10,648		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)		247,424,980		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-3

Date/Time Prepared:
12/12/2012 1:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	988,134,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	723,563,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	264,571,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	247,424,980	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,146,020	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	13,000	6.00
7.00	Income from investments	1,473,000	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	6,662	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	790,227	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,356,844	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	11,416	16.00
17.00	Revenue from sale of drugs to other than patients	124,999	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	1,090,996	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAUMA FUNDING A/C 9900-4447	1,608,219	24.00
24.01	IDPH GRANTS A/C 7070-4499	71,875	24.01
24.02	OTHER OPERATING REVENUE FROM SCHWAB	1,730,028	24.02
24.03	OTH OPERATING REV PREMIER 9585-4449	974,297	24.03
24.04	ALL OTHER OPER INCOME	9,782,437	24.04
24.05		0	24.05
24.06		0	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	19,034,000	25.00
26.00	Total (line 5 plus line 25)	36,180,020	26.00
27.00	PROVISION FOR BAD DEBTS	38,292,020	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	38,292,020	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,112,000	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140018

Period:

Worksheet I-1

Component CCN: 142302

From 07/01/2011
To 06/30/2012

Date/Time Prepared:
12/12/2012 1:40 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	1,165,802	Hours of Service	27,280.00	13.12	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	282,994	Hours of Service	13,161.00	6.33	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	56,703	Accumulated Cost			7.00
8.00	Non-patient Care Salary	27,899	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	1,533,398				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	79,779	Percentage of Time			13.00
14.00	Supplies	256,090	Requisitions			14.00
15.00	Drugs	413,980	Requisitions			15.00
16.00	Other	80,983	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	2,364,230				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	24,532	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	21,860	Percentage of Time			19.00
20.00	Employee Benefits	270,447	Salary			20.00
21.00	Administrative & General	443,410	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	63,841	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	14,172	Requisitions			24.00
25.00	Pharmacy	-409,229	Requisitions			25.00
26.00	Other Allocated Costs	489,997	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	3,283,260				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	3,283,260				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140018

Period: From 07/01/2011

Worksheet 1-2

Component CCN: 142302

To 06/30/2012

Date/Time Prepared: 12/12/2012 1:40 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Bui l di ng	Equi pment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	88,373	101,639	1,165,802	282,994	270,447	1.00
MAINTENANCE							
2.00	Hemodialysis	0	91,018	1,043,976	253,421	242,185	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	88,373	10,621	121,826	29,573	28,262	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	88,373	101,639	1,165,802	282,994	270,447	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140018	Period: From 07/01/2011	Worksheet 1-2
		Component CCN: 142302	To 06/30/2012	Date/Time Prepared: 12/12/2012 1:40 pm

		Drugs	Medical Supplies	Routine Ancillary Services	Renal Dialysis	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00		9.00	10.00	
1.00	Total Renal Department Costs	4,751	270,262	0		2,184,268	1,098,992	1.00
MAINTENANCE								
2.00	Hemodialysis	4,255	242,020	0		1,876,875	944,330	2.00
3.00	Intermittent Peritoneal	0	0	0		0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0		0	0	4.00
5.00	Intermittent Peritoneal	0	0	0		0	0	5.00
6.00	CAPD	0	0	0		0	0	6.00
7.00	CCDP	0	0	0		0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0		0	0	8.00
9.00	Intermittent Peritoneal	0	0	0		0	0	9.00
10.00	CAPD	0	0	0		0	0	10.00
11.00	CCDP	0	0	0		0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	496	28,242	0		307,393	154,662	12.00
13.00	Method II Home Patient	0	0	0		0	0	13.00
14.00	EPO (include in Renal Department)	0						14.00
15.00	ARANESP (include in Renal Department)	0						15.00
16.00	Other	0	0	0		0	0	16.00
17.00	Total (sum of lines 2-16)	4,751	270,262	0		2,184,268	1,098,992	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140018

Period:

Worksheet 1-2

Component CCN: 142302

From 07/01/2011
To 06/30/2012

Date/Time Prepared:
12/12/2012 1:40 pm

Renal Dialysis

		Total (col. 9 + col. 10) 11.00	
1.00	Total Renal Department Costs	3,283,260	1.00
MAINTENANCE			
2.00	Hemodialysis	2,821,205	2.00
3.00	Intermittent Peritoneal	0	3.00
TRAINING			
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
HOME			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	0	11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	462,055	12.00
13.00	Method II Home Patient	0	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	0	16.00
17.00	Total (sum of lines 2-16)	3,283,260	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	3,283,260	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018
Component CCN: 142302

Period:
From 07/01/2011
To 06/30/2012

Worksheet 1-3
Date/Time Prepared:
12/12/2012 1:40 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		88,373	101,639	1,165,802	282,994	1.00
MAINTENANCE							
2.00	Hemodialysis		0	8,955.00	8,955.00	8,955.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,301	1,045	1,045.00	1,045.00	1,045.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		1,045	10,000.00	10,000.00	10,000.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		84.567464	10.163900	116.580200	28.299400	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period: From 07/01/2011

Worksheet 1-3

Component CCN: 142302

To 06/30/2012

Date/Time Prepared: 12/12/2012 1:40 pm

		Renal Dialysis				Subtotal	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)		
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	270,447	4,751	270,262	0	2,184,268	1.00
MAINTENANCE							
2.00	Hemodialysis	8,955	8,955	8,955	8,955		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
HOME							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,045	1,045	1,045	1,045		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO	0	0	0	0		14.00
15.00	ARANESP	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	10,000	10,000	10,000	10,000		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	27.044700	0.475100	27.026200	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period: From 07/01/2011

Worksheet 1-3

Component CCN: 142302

To 06/30/2012

Date/Time Prepared: 12/12/2012 1:40 pm

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	1,098,992	1.00
MAINTENANCE			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
TRAINING			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
HOME			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	2,184,268	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.503140	18.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140018

Period:
From 07/01/2011
To 06/30/2012

Worksheet I-5

Date/Time Prepared:
12/12/2012 1:40 pm

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,494,496	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	1,430,014	2.00
3.00	Deductibles billed to Medicare (Part B) patients	2,898	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	192,798	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	37,400	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	158,296	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	1,141,693	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	194,507	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	37,400	11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140018	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 12/12/2012 1:40 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,697,068	1.00
2.00	Capital DRG outlier payments		42,547	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		167.83	3.00
4.00	Number of interns & residents (see instructions)		116.35	4.00
5.00	Indirect medical education percentage (see instructions)		21.61	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		366,736	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		17.79	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		63.91	8.00
9.00	Sum of lines 7 and 8		81.70	9.00
10.00	Allowable disproportionate share percentage (see instructions)		17.99	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		305,303	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,411,654	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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 12/12/2012 1:52 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		0	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		0.00	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		0	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