

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: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 9:23 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2013 Time: 9:23 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE NORTHSIDE HEALTH SYSTEM (140182) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-266,844	522,184	-135,203	0 1.00
2.00	Subprovider - IPF	0	150,639	0	0	0 2.00
3.00	Subprovider - IRF	0	-12,061	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-128,266	522,184	-135,203	0 200.00

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

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Encryption Information
 ECR: Date: 5/30/2013 Time: 9:23 am
 7qXi : c7sDQ: VxRI MwzCPHqyyi Z1GKO
 S1MusOLLNpyme300MFsehi bHnXsNMVy
 QsyZ1zME5.Or.W: 4
 PI: Date: 5/30/2013 Time: 9:23 am
 f2okJaD6R2o7GzUTmtl4jlg1i2htPO
 Sto.r000oy544t1FhbXf.lZfDYm3EV
 lW6o0NaR7ROqhvZx

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-128,266	522,184	-135,203	0 200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 9:21 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 836 WELLINGTON			PO Box:						1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60640-		County: COOK		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		
							V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16974	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16974	4	01/11/1983	0	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16974	5	12/28/2003	0	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012		20.00		
21.00	Type of Control (see instructions)					1		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.		18,468	3,112	15	0	76	5	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.		511	222	0	0	5	0	25.00		
						Urban/Rural St	Date of Geogra				
						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			

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		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.				39.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y			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	92.04	0.000000	64.00	

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE - UIC	1350	7.11	94.87	0.069720		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	97.56	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY PRACTICE - UIC	1350	8.76	87.41	0.091089		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)				Y	N	0	71.00

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		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.	Y					75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0			76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y			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	
		1.00		2.00		3.00	
						Respiratory	
						4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
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.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:		0		0		0118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 9:21 am	
		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	
DO NOT USE THIS LINE					
119.00	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	119.00	
120.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		120.00	
Transplant Center Information					
121.00	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		121.00	
122.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			122.00	
123.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			123.00	
124.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			124.00	
125.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			125.00	
126.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			130.00	
All Providers					
131.00	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	14H036	131.00	
		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: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT. SVCS.		Contractor's Number: 00131	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600		142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
		1.00	2.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y	145.00	
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 9:21 am			
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00	166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 9:21 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			Y	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
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)	Y		05/21/2013	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
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.	Y			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140182

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2013 9:21 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
		1.00	2.00	3.00	
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	MARY		SEBO	41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5763		MARY.SEBO@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/12/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140182

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

Worksheet S-2
Part V
Date/Time Prepared:
5/30/2013 9:21 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip	60515	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/30/2013 9:21 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140182

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	155	56,730	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		155	56,730	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	79	28,914	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	43	15,738	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		277	101,382	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	32	11,712		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		331				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	6,978	11,257	33,327			1.00
2.00 HMO	3,117	1,887				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	213				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,978	11,257	33,327			7.00
8.00 INTENSIVE CARE UNIT	3,932	5,127	15,155			8.00
9.00 CORONARY CARE UNIT	4,089	921	8,794			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,901	4,165			13.00
14.00 Total (see instructions)	14,999	19,206	61,441	183.04	2,001.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,666	3,848	9,789	1.00	53.00	16.00
17.00 SUBPROVIDER - IRF	1,680	525	4,926	0.93	25.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140182

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				184.97	2,079.00	27.00
28.00	Observation Bed Days		0	4,724			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)		583	1,384			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	3,477	3,492	14,145	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
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,477	3,492	14,145	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	400	504	1,367	16.00
17.00	SUBPROVIDER - IRF	0.00	0	133	33	369	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140182		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/30/2013 9:21 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	134,119,090	0	134,119,090	4,324,320.00	31.02	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		1,806,782	0	1,806,782	17,767.00	101.69	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	13,456,626	0	13,456,626	447,200.00	30.09	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,903,336	121,465	5,024,801	162,240.00	30.97	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		1,692,368	0	1,692,368	43,254.00	39.13	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		19,673,473	0	19,673,473	431,755.00	45.57	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		27,822,309	0	27,822,309			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		1,473,317	0	1,473,317			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		542,888	0	542,888			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		4,043,344	0	4,043,344			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	1,656,002	0	1,656,002	10,400.00	159.23	26.00
27.00	Administrative & General	5.00	14,804,918	0	14,804,918	490,880.00	30.16	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,742,696	0	3,742,696	143,520.00	26.08	30.00
31.00	Laundry & Linen Service	8.00	230,456	0	230,456	14,560.00	15.83	31.00
32.00	Housekeeping	9.00	3,323,693	0	3,323,693	222,560.00	14.93	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,514,769	-719,978	1,794,791	68,640.00	26.15	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	719,978	719,978	83,200.00	8.65	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,100,698	0	2,100,698	45,760.00	45.91	38.00
39.00	Central Services and Supply	14.00	1,569,160	0	1,569,160	79,040.00	19.85	39.00
40.00	Pharmacy	15.00	3,974,708	-121,465	3,853,243	110,240.00	34.95	40.00
41.00	Medical Records & Medical Records Library	16.00	1,669,815	0	1,669,815	79,040.00	21.13	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140182

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 9:21 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,946,823	0	1,946,823	52,000.00	37.44	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140182

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2013 9:21 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	118,855,682	0	118,855,682	3,859,353.00	30.80	1.00
2.00	Excluded area salaries (see instructions)	4,903,336	121,465	5,024,801	162,240.00	30.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	113,952,346	-121,465	113,830,881	3,697,113.00	30.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,365,841	0	21,365,841	475,009.00	44.98	4.00
5.00	Subtotal wage-related costs (see inst.)	27,822,309	0	27,822,309	0.00	24.44	5.00
6.00	Total (sum of lines 3 thru 5)	163,140,496	-121,465	163,019,031	4,172,122.00	39.07	6.00
7.00	Total overhead cost (see instructions)	37,533,738	-121,465	37,412,273	1,399,840.00	26.73	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 9:21 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,564,847 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			2,032,915 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,539,155 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)			12,146,992 8.00
9.00	Prescription Drug Plan			2,949,918 9.00
10.00	Dental, Hearing and Vision Plan			623,099 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			179,174 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)			1,159,545 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 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			7,275,659 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			265,577 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))			532,014 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			654,651 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			32,923,546 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/30/2013 9:21 am
				1.00
Step 1: Determine the 3-Year Averaging Period				
1.00	Wage Index fiscal year ending.		2016	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	01/01/2012	12/31/2012	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	07/01/2012		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	01/01/2011		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	12/31/2013		5.00
Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)				
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
Step 3: Average Pension Contribution During the Averaging Period				
9.00	Beginning date of averaging period from line 4 or line 8.	01/01/2011		9.00
10.00	Ending date of averaging period from line 5	12/31/2013		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01		07/01/2010	22,560,000	11.01
11.02		07/01/2011	22,300,000	11.02
11.03		07/01/2012	63,550,000	11.03
				1.00
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		108,410,000	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		3,011,389	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		36,136,668	16.00
Step 4: Total Pension Cost for Wage Index				
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		0	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		0	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		36,136,668	19.00
		Prepared By	Date	
		1.00	2.00	
Prepared By and Date Prepared				
100.00		DAVE STRIEPLING	05/14/2013	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140182

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,692,368	29,295,625	1.00
2.00	Hospital	1,692,368	27,822,308	2.00
3.00	Subprovider - IPF	0	736,659	3.00
4.00	Subprovider - IRF	0	736,658	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			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			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			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 9:21 am	
				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)			0.226165	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			64,049,053	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			253,915,799	6.00
7.00	Medicaid cost (line 1 times line 6)			57,426,867	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)			8,000,000	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	42,575,583	4,615,265	47,190,848	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,629,107	1,043,811	10,672,918	21.00
22.00	Partial payment by patients approved for charity care	379,074	212,858	591,932	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,250,033	830,953	10,080,986	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)			13,067,093	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,030,058	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			11,037,035	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			2,496,191	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			12,577,177	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,577,177	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	7,163,333	7,163,333	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	9,117,005	9,117,005	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	1,656,002	25,519,510	27,175,512	-4,054	27,171,458	4.00
5.01	00510	NONPATIENT TELEPHONES	379,771	842,561	1,222,332	-116,359	1,105,973	5.01
5.02	00520	DATA PROCESSING	0	4,255,513	4,255,513	-195,199	4,060,314	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	242,181	592,972	835,153	-105,983	729,170	5.03
5.04	00540	ADMINITTING	2,708,455	879,538	3,587,993	-152,085	3,435,908	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,793,528	1,119,932	2,913,460	-36,204	2,877,256	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,680,983	61,301,171	70,982,154	-6,754,072	64,228,082	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,742,696	5,559,076	9,301,772	-131,716	9,170,056	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	230,456	194,351	424,807	-12,707	412,100	8.00
9.00	00900	HOUSEKEEPING	3,323,693	806,645	4,130,338	-43,125	4,087,213	9.00
10.00	01000	DIETARY	2,514,769	1,849,512	4,364,281	-1,310,290	3,053,991	10.00
11.00	01100	CAFETERIA	0	0	0	1,249,493	1,249,493	11.00
13.00	01300	NURSING ADMINISTRATION	2,100,698	415,432	2,516,130	-20,585	2,495,545	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,569,160	2,418,227	3,987,387	-1,533,198	2,454,189	14.00
15.00	01500	PHARMACY	3,974,708	12,828,831	16,803,539	-13,566,468	3,237,071	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,669,815	592,310	2,262,125	-34,896	2,227,229	16.00
17.00	01700	SOCIAL SERVICE	1,946,823	982,926	2,929,749	-3,043	2,926,706	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,456,626	0	13,456,626	0	13,456,626	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,778,648	3,778,648	-32,892	3,745,756	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED PHARMACY	0	0	0	119,049	119,049	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,341,165	6,463,328	29,804,493	-3,705,495	26,098,998	30.00
31.00	03100	INTENSIVE CARE UNIT	14,149,459	4,782,498	18,931,957	-1,806,129	17,125,828	31.00
32.00	03200	CORONARY CARE UNIT	4,704,789	1,032,155	5,736,944	-406,478	5,330,466	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	3,474,734	460,611	3,935,345	-30,289	3,905,056	40.00
41.00	04100	SUBPROVIDER - I RF	1,428,602	1,187,683	2,616,285	-101,143	2,515,142	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,793,010	1,793,010	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,909,053	21,139,724	31,048,777	-17,421,134	13,627,643	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	86,575	1,369,662	1,456,237	-1,008,349	447,888	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,535,435	6,334,533	11,869,968	-3,464,329	8,405,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	482,785	647,932	1,130,717	-57,619	1,073,098	56.00
56.01	05601	ULTRA SOUND	792,904	610,173	1,403,077	-448,905	954,172	56.01
57.00	05700	CT SCAN	633,852	2,196,850	2,830,702	-1,554,816	1,275,886	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,835,304	5,403,597	7,238,901	-4,774,195	2,464,706	59.00
60.00	06000	LABORATORY	25,994	10,080,342	10,106,336	-1,393,015	8,713,321	60.00
60.01	06001	BLOOD LABORATORY	0	1,409,523	1,409,523	-191,198	1,218,325	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	2,749,337	868,853	3,618,190	-537,358	3,080,832	65.00
66.00	06600	PHYSICAL THERAPY	2,470,426	566,925	3,037,351	-106,653	2,930,698	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
68.01	06801	CARDIOLOGY	314,094	56,620	370,714	-13,795	356,919	68.01
69.00	06900	ELECTROCARDIOLOGY	1,132,337	621,771	1,754,108	-305,150	1,448,958	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,312	44,813	146,125	-20,536	125,589	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,974,164	19,974,164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,122,616	11,122,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,098,946	13,098,946	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	443,438	141,860	585,298	-98,118	487,180	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A
Date/Time Prepared:
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Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	264,395	376,617	641,012	-288,627	352,385	90.00
90.01	09001 A. R. C. CLINIC	902,587	411,246	1,313,833	-271,890	1,041,943	90.01
90.02	09002 CANCER CTR CLINIC	1,241,916	638,582	1,880,498	-117,142	1,763,356	90.02
90.03	09003 UROLOGY CLINIC	151,483	62,823	214,306	-47,999	166,307	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	111,271	328,714	439,985	-163,832	276,153	90.05
90.06	09006 WOUND CARE CLINIC	3,428	27,490	30,918	-23,893	7,025	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	74,100	6,124	80,224	0	80,224	90.08
90.09	09010 O/P DENTISTRY	668,429	646,845	1,315,274	-376,973	938,301	90.09
91.00	09100 EMERGENCY	6,099,522	3,991,821	10,091,343	-849,680	9,241,663	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	134,119,090	195,846,870	329,965,960	0	329,965,960	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	434	434	0	434	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	134,119,090	195,847,304	329,966,394	0	329,966,394	200.00
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation				
		6.00	7.00				
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	290,837	7,454,170				
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	1,475,219	10,592,224				
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0				
4.00	00400 EMPLOYEE BENEFITS	4,456,865	31,628,323				
5.01	00510 NONPATIENT TELEPHONES	-640	1,105,333				
5.02	00520 DATA PROCESSING	4,027,280	8,087,594				
5.03	00530 PURCHASING RECEIVING AND STORES	0	729,170				
5.04	00540 ADMINISTRATION	0	3,435,908				
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE	-71,935	2,805,321				
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	-34,672,909	29,555,173				
6.00	00600 MAINTENANCE & REPAIRS	0	0				
7.00	00700 OPERATION OF PLANT	-89,771	9,080,285				
8.00	00800 LAUNDRY & LINEN SERVICE	0	412,100				
9.00	00900 HOUSEKEEPING	0	4,087,213				
10.00	01000 DIETARY	0	3,053,991				
11.00	01100 CAFETERIA	-1,423,846	-174,353				
13.00	01300 NURSING ADMINISTRATION	-40,072	2,455,473				
14.00	01400 CENTRAL SERVICES & SUPPLY	-3,014	2,451,175				
15.00	01500 PHARMACY	-79,016	3,158,055				
16.00	01600 MEDICAL RECORDS & LIBRARY	-21,922	2,205,307				
17.00	01700 SOCIAL SERVICE	-21,936	2,904,770				
20.00	02000 NURSING SCHOOL	0	0				
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	13,456,626				
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-15,442	3,730,314				
23.00	02300 PARAMEDICAL PRGM-(SPECIFY)	0	0				
23.01	02301 PARAMEDICAL ANESTH SCHOOL	0	0				

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	119,049	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,172,495	23,926,503	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,125,828	31.00
32.00	03200	CORONARY CARE UNIT	0	5,330,466	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	-72,638	3,832,418	40.00
41.00	04100	SUBPROVIDER - I/RF	0	2,515,142	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,793,010	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,307,197	12,320,446	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	447,888	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-124,379	8,281,260	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-20,471	1,052,627	56.00
56.01	05601	ULTRA SOUND	0	954,172	56.01
57.00	05700	CT SCAN	0	1,275,886	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-92,356	2,372,350	59.00
60.00	06000	LABORATORY	0	8,713,321	60.00
60.01	06001	BLOOD LABORATORY	0	1,218,325	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	-12,500	3,068,332	65.00
66.00	06600	PHYSICAL THERAPY	-12,447	2,918,251	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	0	356,919	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,448,958	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	125,589	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,974,164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,122,616	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,098,946	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	RENAL DIALYSIS	0	487,180	76.00
76.01	03021	METABOLIC SUPPORT	0	0	76.01
76.02	03022	CMHC	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
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	-15,000	337,385	90.00
90.01	09001	A. R. C. CLINIC	0	1,041,943	90.01
90.02	09002	CANCER CTR CLINIC	-96,287	1,667,069	90.02
90.03	09003	UROLOGY CLINIC	-9,445	156,862	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005	EYE CENTER	0	276,153	90.05
90.06	09006	WOUND CARE CLINIC	0	7,025	90.06
90.07	09007	EENT CLINIC	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	80,224	90.08
90.09	09010	O/P DENTISTRY	-150,338	787,963	90.09
91.00	09100	EMERGENCY	-1,083,906	8,157,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
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
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					
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-31,359,761	298,606,199	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	434	190.00
190.01	19001	SUBCORPS	0	0	190.01
190.02	19002	GRANTS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPICE	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-31,359,761	298,606,633	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS Wo Date/Time Prepared: 5/30/2013 9:21 am
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.01 NONPATIENT TELEPHONES	00510		5.01
5.02 DATA PROCESSING	00520		5.02
5.03 PURCHASING RECEIVING AND STORES	00530		5.03
5.04 ADMINITTING	00540		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00550		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01 PARAMED ED ANESTH SCHOOL	02301		23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	02302		23.02
23.03 PARAMED ED PHARMACY	02303		23.03
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - I PF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
56.01 ULTRA SOUND	05601		56.01
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
68.01 CARDIOLOGY	06801		68.01
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
76.00 RENAL DIALYSIS	03020		76.00
76.01 METABOLIC SUPPORT	03021		76.01
76.02 CMHC	03022		76.02

COST CENTERS USED IN COST REPORT

Provider CCN: 140182

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

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Date/Time Prepared:
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
90.01 A. R. C. CLINIC	09001		90.01
90.02 CANCER CTR CLINIC	09002		90.02
90.03 UROLOGY CLINIC	09003		90.03
90.04 ORTHOPEDIC CLINIC	09004		90.04
90.05 EYE CENTER	09005		90.05
90.06 WOUND CARE CLINIC	09006		90.06
90.07 EENT CLINIC	09007		90.07
90.08 O/P PHARMACY CLINIC	09008		90.08
90.09 O/P DENTISTRY	09010		90.09
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
93.00 FAMILY HEALTH CENTER	04040		93.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	09500		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	09700		97.00
99.10 CORF	09910		99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
113.00 INTEREST EXPENSE	11300		113.00
114.00 UTILIZATION REVIEW-SNF	11400		114.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	11500		115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01 SUBCORPS	19001		190.01
190.02 GRANTS	19002		190.02
191.00 RESEARCH	19100		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01 HOSPICE	19201		192.01
192.02 OUTPATIENT PHARMACY	19202		192.02
193.00 NONPAID WORKERS	19300		193.00
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	719,978	529,515	1.00
	TOTALS		719,978	529,515	
B - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,098,946	1.00
	TOTALS		0	13,098,946	
C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,028,029	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,182,218	2.00
	TOTALS		0	12,210,247	
D - EQUIPMENT DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,994,262	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	TOTALS		0	5,994,262	
E - NURSERY					
1.00	NURSERY	43.00	1,301,383	491,627	1.00
	TOTALS		1,301,383	491,627	
F - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,096,780	1.00
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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
TOTALS			0	31,096,780		
G - RENT						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,135,304		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,934,787		2.00
3.00		0.00	0	0		3.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
45.00		0.00	0	0		45.00
TOTALS			0	4,070,091		

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,122,616	1.00
	TOTALS		0	11,122,616	
I - PHARMACY RESIDENT'S COST					
1.00	PARAMED ED PHARMACY	23.03	121,465	5,913	1.00
	TOTALS		121,465	5,913	
500.00	Grand Total: Increases		2,142,826	78,619,997	500.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA COSTS						
1.00	DIETARY	10.00	719,978	529,515	0	1.00
	TOTALS		719,978	529,515		
B - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	13,098,946	0	1.00
	TOTALS		0	13,098,946		
C - DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,028,029	9	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,182,218	9	2.00
	TOTALS		0	12,210,247		
D - EQUIPMENT DEPRECIATION						
1.00	EMPLOYEE BENEFITS	4.00	0	3,674	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	9,220	0	2.00
3.00	DATA PROCESSING	5.02	0	195,199	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,248	0	4.00
5.00	ADMINISTRATIVE	5.04	0	41,131	0	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	32,277	0	6.00
7.00	OPERATION OF PLANT	7.00	0	54,851	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	10,308	0	8.00
9.00	HOUSEKEEPING	9.00	0	28,165	0	9.00
10.00	DIETARY	10.00	0	55,471	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	13,020	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	147,405	0	12.00
13.00	PHARMACY	15.00	0	51,963	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,151	0	14.00
15.00	SOCIAL SERVICE	17.00	0	1,890	0	15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	23,110	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	375,953	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	272,151	0	18.00
19.00	CORONARY CARE UNIT	32.00	0	101,452	0	19.00
20.00	SUBPROVIDER - IPF	40.00	0	2,129	0	20.00
21.00	SUBPROVIDER - IRF	41.00	0	11,627	0	21.00
22.00	OPERATING ROOM	50.00	0	1,557,037	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	294,844	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,353,983	0	24.00
25.00	RADIOISOTOPE	56.00	0	26,185	0	25.00
26.00	ULTRA SOUND	56.01	0	148,840	0	26.00
27.00	CT SCAN	57.00	0	6,794	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	267,172	0	28.00
29.00	LABORATORY	60.00	0	2,513	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	149,963	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	19,720	0	31.00
32.00	CARDIOLOGY	68.01	0	9,452	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	201,851	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,924	0	34.00
35.00	RENAL DIALYSIS	76.00	0	15,514	0	35.00
36.00	CLINIC	90.00	0	26,995	0	36.00
37.00	A. R. C. CLINIC	90.01	0	86,141	0	37.00
38.00	CANCER CTR CLINIC	90.02	0	47,680	0	38.00
39.00	UROLOGY CLINIC	90.03	0	22,004	0	39.00
40.00	EYE CENTER	90.05	0	117,936	0	40.00
41.00	EMERGENCY	91.00	0	150,266	0	41.00
42.00	O/P DENTISTRY	90.09	0	23,053	0	42.00
	TOTALS		0	5,994,262		
E - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,301,383	491,627	0	1.00
	TOTALS		1,301,383	491,627		
F - SUPPLIES						
1.00	NONPATIENT TELEPHONES	5.01	0	102	0	1.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	54	0	3.00
4.00	ADMINISTRATIVE	5.04	0	2,370	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	420,521	0	5.00
6.00	OPERATION OF PLANT	7.00	0	75,177	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	1,175	0	7.00
8.00	HOUSEKEEPING	9.00	0	14,739	0	8.00
9.00	DIETARY	10.00	0	1,187	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	888	0	10.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 9:21 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,383,088	0	11.00
12.00	PHARMACY	15.00	0	30,075	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	456	0	13.00
14.00	SOCIAL SERVICE	17.00	0	40	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	9,782	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,482,302	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	1,472,490	0	17.00
18.00	CORONARY CARE UNIT	32.00	0	297,189	0	18.00
19.00	SUBPROVIDER - IPF	40.00	0	22,906	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	82,016	0	20.00
21.00	OPERATING ROOM	50.00	0	15,613,041	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	701,725	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,337,494	0	23.00
24.00	RADIOISOTOPE	56.00	0	9,179	0	24.00
25.00	ULTRASOUND	56.01	0	135,747	0	25.00
26.00	CT SCAN	57.00	0	365,052	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	4,208,212	0	27.00
28.00	LABORATORY	60.00	0	1,360,498	0	28.00
29.00	BLOOD LABORATORY	60.01	0	191,198	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	340,865	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	75,645	0	31.00
32.00	CARDIOLOGY	68.01	0	2,595	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	47,105	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,462	0	34.00
35.00	RENAL DIALYSIS	76.00	0	82,343	0	35.00
36.00	CLINIC	90.00	0	107,732	0	36.00
37.00	A. R. C. CLINIC	90.01	0	20,161	0	37.00
38.00	CANCER CTR CLINIC	90.02	0	59,802	0	38.00
39.00	UROLOGY CLINIC	90.03	0	25,617	0	39.00
40.00	PHYSICAL THERAPY	66.00	0	7,536	0	40.00
41.00	EMERGENCY	91.00	0	676,608	0	41.00
42.00	WOUND CARE CLINIC	90.06	0	23,893	0	42.00
43.00	O/P DENTISTRY	90.09	0	353,920	0	43.00
44.00	EYE CENTER	90.05	0	45,793	0	44.00
	TOTALS		0	31,096,780		
	G - RENT					
1.00	EMERGENCY	91.00	0	22,806	10	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	380	10	2.00
3.00	NONPATIENT TELEPHONES	5.01	0	107,037	10	3.00
5.00	PURCHASING RECEIVING AND STORES	5.03	0	101,681	10	5.00
6.00	ADMITTING	5.04	0	108,584	10	6.00
7.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,927	10	7.00
8.00	OPERATION OF PLANT	7.00	0	1,688	10	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	1,224	10	9.00
10.00	HOUSEKEEPING	9.00	0	221	10	10.00
11.00	DIETARY	10.00	0	4,139	10	11.00
12.00	NURSING ADMINISTRATION	13.00	0	6,677	10	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,705	10	13.00
14.00	PHARMACY	15.00	0	258,106	10	14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,289	10	15.00
16.00	SOCIAL SERVICE	17.00	0	1,113	10	16.00
17.00	PARAMED PHARMACY	23.03	0	8,329	10	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	54,230	10	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	61,488	10	19.00
20.00	CORONARY CARE UNIT	32.00	0	7,837	10	20.00
21.00	SUBPROVIDER - IPF	40.00	0	5,254	10	21.00
22.00	SUBPROVIDER - IRF	41.00	0	7,500	10	22.00
23.00	OPERATING ROOM	50.00	0	251,056	10	23.00
24.00	ANESTHESIOLOGY	53.00	0	11,780	10	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	772,852	10	25.00
26.00	RADIOISOTOPE	56.00	0	22,255	10	26.00
27.00	ULTRASOUND	56.01	0	164,318	10	27.00
28.00	CT SCAN	57.00	0	1,182,970	10	28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	298,811	10	29.00
30.00	LABORATORY	60.00	0	30,004	10	30.00
31.00	RESPIRATORY THERAPY	65.00	0	46,530	10	31.00
32.00	PHYSICAL THERAPY	66.00	0	3,752	10	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	56,194	10	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	150	10	34.00
35.00	CLINIC	90.00	0	153,900	10	35.00
36.00	A. R. C. CLINIC	90.01	0	165,588	10	36.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6

Date/Time Prepared:
5/30/2013 9:21 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
37.00	CANCER CTR CLINIC	90.02	0	9,660	10		37.00	
38.00	UROLOGY CLINIC	90.03	0	378	10		38.00	
41.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	117,566	10		41.00	
42.00	CARDIOLOGY	68.01	0	1,748	10		42.00	
43.00	RENAL DIALYSIS	76.00	0	261	0		43.00	
45.00	EYE CENTER	90.05	0	103	0		45.00	
	TOTALS		0	4,070,091				
H - IMPLANT COSTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,122,616	0		1.00	
	TOTALS		0	11,122,616				
I - PHARMACY RESIDENT'S COST								
1.00	PHARMACY	15.00	121,465	5,913	0		1.00	
	TOTALS		121,465	5,913				
500.00	Grand Total: Decreases		2,142,826	78,619,997			500.00	

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/30/2013 9:21 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - CAFETERIA COSTS						
1.00	CAFETERIA	11.00	719,978	DIETARY	10.00	719,978
	TOTALS		719,978	TOTALS		719,978
B - CHARGEABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0
	TOTALS		0	TOTALS		0
C - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
D - EQUIPMENT DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	EMPLOYEE BENEFITS	4.00	0
2.00		0.00	0	NONPATIENT TELEPHONES	5.01	0
3.00		0.00	0	DATA PROCESSING	5.02	0
4.00		0.00	0	PURCHASING RECEIVING AND STORES	5.03	0
5.00		0.00	0	ADMINISTRATIVE	5.04	0
6.00		0.00	0	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0
7.00		0.00	0	OPERATION OF PLANT	7.00	0
8.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0
9.00		0.00	0	HOUSEKEEPING	9.00	0
10.00		0.00	0	DIETARY	10.00	0
11.00		0.00	0	NURSING ADMINISTRATION	13.00	0
12.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
13.00		0.00	0	PHARMACY	15.00	0
14.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0
15.00		0.00	0	SOCIAL SERVICE	17.00	0
16.00		0.00	0	IT & R SERVICES-OTHER PRGM COSTS	22.00	0
17.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
18.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
19.00		0.00	0	CORONARY CARE UNIT	32.00	0
20.00		0.00	0	SUBPROVIDER - IPF	40.00	0
21.00		0.00	0	SUBPROVIDER - IRF	41.00	0
22.00		0.00	0	OPERATING ROOM	50.00	0
23.00		0.00	0	ANESTHESIOLOGY	53.00	0
24.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
25.00		0.00	0	RADIOISOTOPE	56.00	0
26.00		0.00	0	ULTRASOUND	56.01	0
27.00		0.00	0	CT SCAN	57.00	0
28.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0
29.00		0.00	0	LABORATORY	60.00	0
30.00		0.00	0	RESPIRATORY THERAPY	65.00	0
31.00		0.00	0	PHYSICAL THERAPY	66.00	0
32.00		0.00	0	CARDIOLOGY	68.01	0
33.00		0.00	0	ELECTROCARDIOLOGY	69.00	0
34.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0
35.00		0.00	0	RENAL DIALYSIS	76.00	0
36.00		0.00	0	CLINIC	90.00	0
37.00		0.00	0	A. R. C. CLINIC	90.01	0
38.00		0.00	0	CANCER CTR CLINIC	90.02	0
39.00		0.00	0	UROLOGY CLINIC	90.03	0
40.00		0.00	0	EYE CENTER	90.05	0
41.00		0.00	0	EMERGENCY	91.00	0
42.00		0.00	0	O/P DENTISTRY	90.09	0
	TOTALS		0	TOTALS		0
E - NURSERY						
1.00	NURSERY	43.00	1,301,383	ADULTS & PEDIATRICS	30.00	1,301,383
	TOTALS		1,301,383	TOTALS		1,301,383
F - SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	NONPATIENT TELEPHONES	5.01	0
3.00		0.00	0	PURCHASING RECEIVING AND STORES	5.03	0
4.00		0.00	0	ADMINISTRATIVE	5.04	0
5.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
6.00		0.00	0	OPERATION OF PLANT	7.00	0
7.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0
8.00		0.00	0	HOUSEKEEPING	9.00	0

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/30/2013 9:21 am

Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
9.00		0.00		0 DIETARY	10.00	0	9.00
10.00		0.00		0 NURSING ADMINISTRATION	13.00	0	10.00
11.00		0.00		0 CENTRAL SERVICES & SUPPLY	14.00	0	11.00
12.00		0.00		0 PHARMACY	15.00	0	12.00
13.00		0.00		0 MEDICAL RECORDS & LIBRARY	16.00	0	13.00
14.00		0.00		0 SOCIAL SERVICE	17.00	0	14.00
15.00		0.00		0 I&R SERVICES-OTHER PRGM COSTS	22.00	0	15.00
				APPRVD			
16.00		0.00		0 ADULTS & PEDIATRICS	30.00	0	16.00
17.00		0.00		0 INTENSIVE CARE UNIT	31.00	0	17.00
18.00		0.00		0 CORONARY CARE UNIT	32.00	0	18.00
19.00		0.00		0 SUBPROVIDER - IPF	40.00	0	19.00
20.00		0.00		0 SUBPROVIDER - IRF	41.00	0	20.00
21.00		0.00		0 OPERATING ROOM	50.00	0	21.00
22.00		0.00		0 ANESTHESIOLOGY	53.00	0	22.00
23.00		0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	23.00
24.00		0.00		0 RADIOISOTOPE	56.00	0	24.00
25.00		0.00		0 ULTRASOUND	56.01	0	25.00
26.00		0.00		0 CT SCAN	57.00	0	26.00
27.00		0.00		0 CARDIAC CATHETERIZATION	59.00	0	27.00
28.00		0.00		0 LABORATORY	60.00	0	28.00
29.00		0.00		0 BLOOD LABORATORY	60.01	0	29.00
30.00		0.00		0 RESPIRATORY THERAPY	65.00	0	30.00
31.00		0.00		0 PHYSICAL THERAPY	66.00	0	31.00
32.00		0.00		0 CARDIOLOGY	68.01	0	32.00
33.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	33.00
34.00		0.00		0 ELECTROENCEPHALOGRAPHY	70.00	0	34.00
35.00		0.00		0 RENAL DIALYSIS	76.00	0	35.00
36.00		0.00		0 CLINIC	90.00	0	36.00
37.00		0.00		0 A. R. C. CLINIC	90.01	0	37.00
38.00		0.00		0 CANCER CTR CLINIC	90.02	0	38.00
39.00		0.00		0 UROLOGY CLINIC	90.03	0	39.00
40.00		0.00		0 PHYSICAL THERAPY	66.00	0	40.00
41.00		0.00		0 EMERGENCY	91.00	0	41.00
42.00		0.00		0 WOUND CARE CLINIC	90.06	0	42.00
43.00		0.00		0 O/P DENTISTRY	90.09	0	43.00
44.00		0.00		0 EYE CENTER	90.05	0	44.00
TOTALS				TOTALS			
G - RENT							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00		0 EMERGENCY	91.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0 EMPLOYEE BENEFITS	4.00	0	2.00
3.00		0.00		0 NONPATIENT TELEPHONES	5.01	0	3.00
5.00		0.00		0 PURCHASING RECEIVING AND STORES	5.03	0	5.00
6.00		0.00		0 ADMINISTRATION	5.04	0	6.00
7.00		0.00		0 CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	7.00
8.00		0.00		0 OPERATION OF PLANT	7.00	0	8.00
9.00		0.00		0 LAUNDRY & LINEN SERVICE	8.00	0	9.00
10.00		0.00		0 HOUSEKEEPING	9.00	0	10.00
11.00		0.00		0 DIETARY	10.00	0	11.00
12.00		0.00		0 NURSING ADMINISTRATION	13.00	0	12.00
13.00		0.00		0 CENTRAL SERVICES & SUPPLY	14.00	0	13.00
14.00		0.00		0 PHARMACY	15.00	0	14.00
15.00		0.00		0 MEDICAL RECORDS & LIBRARY	16.00	0	15.00
16.00		0.00		0 SOCIAL SERVICE	17.00	0	16.00
17.00		0.00		0 PARAMEDICAL PHARMACY	23.03	0	17.00
18.00		0.00		0 ADULTS & PEDIATRICS	30.00	0	18.00
19.00		0.00		0 INTENSIVE CARE UNIT	31.00	0	19.00
20.00		0.00		0 CORONARY CARE UNIT	32.00	0	20.00
21.00		0.00		0 SUBPROVIDER - IPF	40.00	0	21.00
22.00		0.00		0 SUBPROVIDER - IRF	41.00	0	22.00
23.00		0.00		0 OPERATING ROOM	50.00	0	23.00
24.00		0.00		0 ANESTHESIOLOGY	53.00	0	24.00
25.00		0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	25.00
26.00		0.00		0 RADIOISOTOPE	56.00	0	26.00
27.00		0.00		0 ULTRASOUND	56.01	0	27.00
28.00		0.00		0 CT SCAN	57.00	0	28.00
29.00		0.00		0 CARDIAC CATHETERIZATION	59.00	0	29.00
30.00		0.00		0 LABORATORY	60.00	0	30.00
31.00		0.00		0 RESPIRATORY THERAPY	65.00	0	31.00
32.00		0.00		0 PHYSICAL THERAPY	66.00	0	32.00
33.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	33.00
34.00		0.00		0 ELECTROENCEPHALOGRAPHY	70.00	0	34.00

Provider CCN: 140182

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
35.00		0.00		0 CLINIC	90.00	0	35.00
36.00		0.00		0 A.R.C. CLINIC	90.01	0	36.00
37.00		0.00		0 CANCER CTR CLINIC	90.02	0	37.00
38.00		0.00		0 UROLOGY CLINIC	90.03	0	38.00
41.00		0.00		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
42.00		0.00		0 CARDIOLOGY	68.01	0	42.00
43.00		0.00		0 RENAL DIALYSIS	76.00	0	43.00
45.00		0.00		0 EYE CENTER	90.05	0	45.00
	TOTALS			0 TOTALS		0	
H - IMPLANT COSTS							
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00		0 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1.00
	TOTALS			0 TOTALS		0	
I - PHARMACY RESIDENT'S COST							
1.00	PARAMED ED PHARMACY	23.03	121,465	PHARMACY	15.00	121,465	1.00
	TOTALS		121,465	TOTALS		121,465	
500.00	Grand Total: Increases		2,142,826	Grand Total: Decreases		2,142,826	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2013 9:21 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,969,694	533,942	0	533,942	0 1.00
2.00	Land Improvements	1,568,933	0	0	0	0 2.00
3.00	Buildings and Fixtures	104,643,565	19,196,057	0	19,196,057	0 3.00
4.00	Building Improvements	1,547,009	0	0	0	0 4.00
5.00	Fixed Equipment	47,259,360	8,331,595	0	8,331,595	1,856,276 5.00
6.00	Movable Equipment	395,219	0	0	0	0 6.00
7.00	HIT designated Assets	1,230,748	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	167,614,528	28,061,594	0	28,061,594	1,856,276 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	167,614,528	28,061,594	0	28,061,594	1,856,276 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	11,503,636	0			0 1.00
2.00	Land Improvements	1,568,933	-25,395			0 2.00
3.00	Buildings and Fixtures	123,839,622	3,383,009			0 3.00
4.00	Building Improvements	1,547,009	1,257,227			0 4.00
5.00	Fixed Equipment	53,734,679	10,934,760			0 5.00
6.00	Movable Equipment	395,219	23,742			0 6.00
7.00	HIT designated Assets	1,230,748	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	193,819,846	15,573,343			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	193,819,846	15,573,343			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,028,029	1,135,304	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,182,218	2,934,787	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,210,247	4,070,091	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	290,837	7,454,170	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,475,219	10,592,224	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,766,056	18,046,394	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140182

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

Worksheet A-8

Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,132,314			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,433,469			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	97,239	NEW CAP REL COSTS-BLDG & FIXT	1.00	14	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-112,156	NEW CAP REL COSTS-MVBLE EQUIP	2.00	14	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 REVENUE OFFSET	B	-1,606,737	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01 REVENUE OFFSET	B	-127,858	ADULTS & PEDIATRICS	30.00	0	33.01
34.00 REVENUE OFFSET	B	-3,195	EMPLOYEE BENEFITS	4.00	0	34.00
35.00 REVENUE OFFSET	B	-71,935	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	35.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
36.00	REVENUE OFFSET	B	-1,423,846	CAFETERIA	11.00	0	36.00
37.00	REVENUE OFFSET	B	-3,014	CENTRAL SERVICES & SUPPLY	14.00	0	37.00
38.00	REVENUE OFFSET	B	-640	NONPATIENT TELEPHONES	5.01	0	38.00
39.00	REVENUE OFFSET	B	-679,183	EMERGENCY	91.00	0	39.00
40.00	REVENUE OFFSET	B	-15,442	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	40.00
41.00	REVENUE OFFSET	B	-21,922	MEDICAL RECORDS & LIBRARY	16.00	0	41.00
42.00	REVENUE OFFSET	B	-89,771	OPERATION OF PLANT	7.00	0	42.00
43.00	REVENUE OFFSET	B	-40,072	NURSING ADMINISTRATION	13.00	0	43.00
44.00	REVENUE OFFSET	B	-12,012	OPERATING ROOM	50.00	0	44.00
45.00	REVENUE OFFSET	B	-79,016	PHARMACY	15.00	0	45.00
45.01	REVENUE OFFSET	B	-61,579	SUBPROVIDER - IPF	40.00	0	45.01
45.02	REVENUE OFFSET	B	-12,447	PHYSICAL THERAPY	66.00	0	45.02
45.03	REVENUE OFFSET	B	-12,500	RESPIRATORY THERAPY	65.00	0	45.03
45.05	REVENUE OFFSET	B	-20,471	RADIOISOTOPE	56.00	0	45.05
45.06	REVENUE OFFSET	B	-15,033	RADIOLOGY-DIAGNOSTIC	54.00	0	45.06
45.08	REVENUE OFFSET	B	-21,936	SOCIAL SERVICE	17.00	0	45.08
45.09	REVENUE OFFSET	B	-96,062	CANCER CENTER CLINIC	90.02	0	45.09
45.10			0		0.00	0	45.10
45.21			0		0.00	0	45.21
45.25	NONALLOWABLE EXPENSES	A	-2,425,789	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.25
45.26			0		0.00	0	45.26
45.45			0		0.00	0	45.45
45.46			0		0.00	0	45.46
45.50	INTEREST	A	-2,487,559	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.50
45.51	PUBLIC AID ASSESSMENT	A	-14,451,042	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,359,761				50.00

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

Provider CCN: 140182

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 9:21 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE COST	4,460,060	0
2.00	5.02	DATA PROCESSING	HOME OFFICE COST	4,027,280	0
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE COST	6,547,781	20,249,563
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE COST	193,598	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	1,587,375	0
4.02	0.00			0	0
4.03	0.00			0	0
5.00	0			16,816,094	20,249,563

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

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

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

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

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

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

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

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

Provider CCN: 140182

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 9:21 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,460,060	0		1.00
2.00	4,027,280	0		2.00
3.00	-13,701,782	0		3.00
4.00	193,598	14		4.00
4.01	1,587,375	14		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-3,433,469			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140182

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 9:21 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	40.00	DR. A	11,059	11,059	0	0	0	1.00
2.00	30.00	DR. B	2,044,637	2,044,637	0	0	0	2.00
3.00	50.00	DR. C	1,295,185	1,295,185	0	0	0	3.00
4.00	59.00	DR. D	92,356	92,356	0	0	0	4.00
5.00	90.00	DR. E	15,000	15,000	0	0	0	5.00
6.00	90.03	DR. F	9,445	9,445	0	0	0	6.00
7.00	90.09	DR. G	150,338	150,338	0	0	0	7.00
8.00	91.00	DR. H	404,723	404,723	0	0	0	8.00
9.00	54.00	DR. I	109,346	109,346	0	0	0	9.00
10.00	90.02	DR. J	225	225	0	0	0	10.00
200.00			4,132,314	4,132,314	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	50.00	DR. C	0	0	0	0	0	3.00
4.00	59.00	DR. D	0	0	0	0	0	4.00
5.00	90.00	DR. E	0	0	0	0	0	5.00
6.00	90.03	DR. F	0	0	0	0	0	6.00
7.00	90.09	DR. G	0	0	0	0	0	7.00
8.00	91.00	DR. H	0	0	0	0	0	8.00
9.00	54.00	DR. I	0	0	0	0	0	9.00
10.00	90.02	DR. J	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	40.00	DR. A	0	0	0	11,059		1.00
2.00	30.00	DR. B	0	0	0	2,044,637		2.00
3.00	50.00	DR. C	0	0	0	1,295,185		3.00
4.00	59.00	DR. D	0	0	0	92,356		4.00
5.00	90.00	DR. E	0	0	0	15,000		5.00
6.00	90.03	DR. F	0	0	0	9,445		6.00
7.00	90.09	DR. G	0	0	0	150,338		7.00
8.00	91.00	DR. H	0	0	0	404,723		8.00
9.00	54.00	DR. I	0	0	0	109,346		9.00
10.00	90.02	DR. J	0	0	0	225		10.00
200.00			0	0	0	4,132,314		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	7,454,170	7,454,170				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	10,592,224		10,592,224			2.00
4.00 00400 EMPLOYEE BENEFITS	31,628,323	40,588	57,675	31,726,586		4.00
5.01 00510 NONPATIENT TELEPHONES	1,105,333	38,797	55,130	94,407	1,293,667	5.01
5.02 00520 DATA PROCESSING	8,087,594	12,037	17,104	0	480	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	729,170	81,660	116,037	60,203	3,843	5.03
5.04 00540 ADMINISTRATION	3,435,908	35,877	50,981	673,289	56,685	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	2,805,321	188,271	267,529	445,850	33,146	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	29,555,173	343,709	488,404	2,406,576	105,684	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	9,080,285	192,659	273,765	930,389	67,253	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	412,100	26,653	37,873	57,289	961	8.00
9.00 00900 HOUSEKEEPING	4,087,213	166,490	236,579	826,230	40,832	9.00
10.00 01000 DIETARY	3,053,991	176,377	250,629	446,164	20,656	10.00
11.00 01100 CAFETERIA	-174,353	134,983	191,808	178,978	0	11.00
13.00 01300 NURSING ADMINISTRATION	2,455,473	129,699	184,300	522,208	13,931	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,451,175	138,924	197,408	390,074	14,892	14.00
15.00 01500 PHARMACY	3,158,055	73,456	104,380	957,870	24,499	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,205,307	92,192	131,003	415,096	40,352	16.00
17.00 01700 SOCIAL SERVICE	2,904,770	36,486	51,846	483,957	11,529	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	13,456,626	0	0	3,176,470	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,730,314	20,778	29,525	0	37,470	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMEDICAL PHARMACY	119,049	1,433	2,036	30,195	961	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	23,926,503	1,357,446	1,928,901	4,970,550	177,263	30.00
31.00 03100 INTENSIVE CARE UNIT	17,125,828	600,385	853,135	3,517,386	74,939	31.00
32.00 03200 CORONARY CARE UNIT	5,330,466	283,203	402,426	1,169,554	22,098	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	3,832,418	358,307	509,148	861,028	22,578	40.00
41.00 04100 SUBPROVIDER - I/RF	2,515,142	23,661	33,622	355,133	9,127	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,793,010	122,839	174,552	323,508	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12,320,446	505,184	717,856	2,141,304	94,155	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	447,888	195,776	278,194	21,522	23,058	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,281,260	341,918	485,859	1,348,861	80,704	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1,052,627	41,914	59,558	120,015	6,725	56.00
56.01 05601 ULTRA SOUND	954,172	4,657	6,618	197,106	6,245	56.01
57.00 05700 CT SCAN	1,275,886	21,405	30,415	157,568	2,402	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,372,350	188,110	267,300	433,276	32,666	59.00
60.00 06000 LABORATORY	8,713,321	0	0	247	35,068	60.00
60.01 06001 BLOOD LABORATORY	1,218,325	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 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	3,068,332	79,027	112,295	683,452	24,499	65.00
66.00 06600 PHYSICAL THERAPY	2,918,251	382,864	544,043	614,118	28,823	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
68.01 06801 CARDIOLOGY	356,919	0	0	78,080	3,363	68.01
69.00 06900 ELECTROCARDIOLOGY	1,448,958	79,887	113,517	281,485	14,892	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	125,589	0	0	25,185	10,568	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,974,164	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,122,616	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,098,946	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 RENAL DIALYSIS	487,180	10,353	14,711	110,233	2,402	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
76.01 03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 03022 CMHC	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	337,385	65,844	93,563	61,997	480	90.00
90.01 09001 A. R. C. CLINIC	1,041,943	96,509	137,137	224,372	46,597	90.01
90.02 09002 CANCER CTR CLINIC	1,667,069	228,913	325,280	308,669	39,872	90.02
90.03 09003 UROLOGY CLINIC	156,862	0	0	35,309	3,363	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	276,153	0	0	27,661	0	90.05
90.06 09006 WOUND CARE CLINIC	7,025	0	0	852	480	90.06
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	80,224	26,778	38,051	18,420	0	90.08
90.09 09010 O/P DENTISTRY	787,963	81,391	115,655	128,791	0	90.09
91.00 09100 EMERGENCY	8,157,757	327,732	465,701	1,415,659	57,165	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
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
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						
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	298,606,199	7,355,172	10,451,549	31,726,586	1,292,706	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	434	98,998	140,675	0	961	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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	201.00
202.00 TOTAL (sum lines 118-201)	298,606,633	7,454,170	10,592,224	31,726,586	1,293,667	202.00
Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING	8,117,215					5.02
5.03 00530 PURCHASING RECEIVING AND STORES	0	990,913				5.03
5.04 00540 ADMINITTING	0	1,286	4,254,026			5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	0	358	0	3,740,475		5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	0	31,398	0	0	32,930,944	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	0	18,668	0	0	10,563,019	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	741	0	0	535,617	8.00
9.00 00900 HOUSEKEEPING	0	12,041	0	0	5,369,385	9.00
10.00 01000 DIETARY	0	62,390	0	0	4,010,207	10.00
11.00 01100 CAFETERIA	0	0	0	0	331,416	11.00
13.00 01300 NURSING ADMINISTRATION	0	1,216	0	0	3,306,827	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	47,579	0	0	3,240,052	14.00
15.00 01500 PHARMACY	0	5,565	0	0	4,323,825	15.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 9:21 am				
Cost Center Description		DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINISTRATIVE 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,113	0	0	2,885,063	16.00
17.00	01700	SOCIAL SERVICE	0	844	0	0	3,489,432	17.00
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	16,633,096	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,663	0	0	3,822,750	22.00
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	153,674	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	778,206	41,137	674,365	358,542	34,212,913	30.00
31.00	03100	INTENSIVE CARE UNIT	611,644	41,802	529,886	281,802	23,636,807	31.00
32.00	03200	CORONARY CARE UNIT	217,100	8,926	188,080	100,024	7,721,877	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	88,058	1,476	76,287	40,571	5,789,871	40.00
41.00	04100	SUBPROVIDER - I RF	63,592	2,550	51,657	29,299	3,083,783	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	43,248	3,542	37,467	19,926	2,518,092	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,038,409	418,418	350,565	478,425	18,064,762	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	202,097	19,205	77,509	93,112	1,358,361	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	587,795	38,459	134,537	270,814	11,570,207	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	52,219	1,127	12,237	24,059	1,370,481	56.00
56.01	05601	ULTRA SOUND	79,164	3,723	13,860	36,473	1,302,018	56.01
57.00	05700	CT SCAN	318,748	9,588	111,635	146,857	2,074,504	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	240,601	110,578	126,753	110,852	3,882,486	59.00
60.00	06000	LABORATORY	622,357	35,406	354,315	286,738	10,047,452	60.00
60.01	06001	BLOOD LABORATORY	72,793	4,974	54,165	33,538	1,383,795	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	236,891	9,610	186,794	109,143	4,510,043	65.00
66.00	06600	PHYSICAL THERAPY	128,194	2,431	60,228	59,062	4,738,014	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
68.01	06801	CARDIOLOGY	5,883	345	642	2,710	447,942	68.01
69.00	06900	ELECTROCARDIOLOGY	136,397	2,195	57,437	62,842	2,197,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,092	320	2,095	4,189	177,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	343,696	0	159,197	158,351	20,635,408	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	331,854	0	181,627	152,895	11,788,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,081,653	0	586,146	498,987	15,265,732	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	30,127	2,166	24,636	13,880	695,688	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	40,983	3,336	3	18,882	622,473	90.00
90.01	09001	A. R. C. CLINIC	93,911	1,314	4,318	43,267	1,689,368	90.01
90.02	09002	CANCER CTR CLINIC	32,954	5,019	123	15,183	2,623,082	90.02
90.03	09003	UROLOGY CLINIC	6,636	797	61	3,057	206,085	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	742	1,417	0	342	306,315	90.05
90.06	09006	WOUND CARE CLINIC	2,398	633	9	1,105	12,502	90.06
90.07	09007	DENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	3,831	16	0	1,765	169,085	90.08
90.09	09010	O/P DENTISTRY	6,764	9,983	0	3,117	1,133,664	90.09
91.00	09100	EMERGENCY	609,178	22,558	197,392	280,666	11,533,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,117,215	990,913	4,254,026	3,740,475	298,365,565	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	241,068	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
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	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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)	8,117,215	990,913	4,254,026	3,740,475	298,606,633	202.00
Cost Center Description			OTHER ADMINISTRATIVE 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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	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	32,930,944					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,309,307	0	11,872,326			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,391	0	48,528	650,536		8.00
9.00	00900	HOUSEKEEPING	665,546	0	303,137	0	6,338,068	9.00
10.00	01000	DIETARY	497,073	0	321,139	0	176,674	10.00
11.00	01100	CAFETERIA	41,080	0	245,771	0	135,210	11.00
13.00	01300	NURSING ADMINISTRATION	409,888	0	236,150	0	129,917	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	401,611	0	252,945	0	139,157	14.00
15.00	01500	PHARMACY	535,947	0	133,745	0	73,580	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	357,609	0	167,858	0	92,347	16.00
17.00	01700	SOCIAL SERVICE	432,522	0	66,432	0	36,548	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,061,706	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	473,838	0	37,831	0	20,813	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED PHARMACY	19,048	0	2,609	0	1,435	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,240,668	0	2,471,569	180,075	1,359,727	30.00
31.00	03100	INTENSIVE CARE UNIT	2,929,830	0	1,093,151	88,328	601,395	31.00
32.00	03200	CORONARY CARE UNIT	957,142	0	515,642	52,092	283,679	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	717,666	0	652,388	44,731	358,910	40.00
41.00	04100	SUBPROVIDER - I RF	382,241	0	43,082	22,509	23,701	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	312,123	0	223,659	9,486	123,046	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,239,163	0	919,814	114,745	506,034	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	168,372	0	356,459	0	196,105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,434,150	0	622,547	58,389	342,493	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
56.00	05600	RADIOISOTOPE	169,874	0	76,314	1,687	41,984	56.00
56.01	05601	ULTRA SOUND	161,388	0	8,479	11,475	4,665	56.01
57.00	05700	CT SCAN	257,139	0	38,972	14,728	21,441	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	481,242	0	342,500	2,241	188,426	59.00
60.00	06000	LABORATORY	1,245,402	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	171,524	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	559,029	0	143,888	0	79,160	65.00
66.00	06600	PHYSICAL THERAPY	587,286	0	697,100	20,604	383,508	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
68.01	06801	CARDIOLOGY	55,523	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	272,398	0	145,453	0	80,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,944	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,557,800	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,461,269	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,892,218	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	86,232	0	18,850	0	10,370	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	77,157	0	119,885	0	65,954	90.00
90.01	09001	A. R. C. CLINIC	209,401	0	175,718	0	96,671	90.01
90.02	09002	CANCER CTR CLINIC	325,136	0	416,793	0	229,298	90.02
90.03	09003	UROLOGY CLINIC	25,545	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	37,968	0	0	172	0	90.05
90.06	09006	WOUND CARE CLINIC	1,550	0	0	790	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	20,958	0	48,756	0	26,823	90.08
90.09	09010	O/P DENTISTRY	140,520	0	148,193	0	81,528	90.09
91.00	09100	EMERGENCY	1,429,639	0	596,718	28,484	328,283	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
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
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								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,901,063	0	11,692,075	650,536	6,238,903	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,881	0	180,251	0	99,165	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
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	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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)	32,930,944	0	11,872,326	650,536	6,338,068	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	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	5,005,093					10.00
11.00	01100	0	753,477				11.00
13.00	01300	0	7,479	4,090,261			13.00
14.00	01400	0	18,697	6,204	4,058,666		14.00
15.00	01500	0	23,371	1,551	4,181	5,096,200	15.00
16.00	01600	0	14,957	3,102	65	0	16.00
17.00	01700	0	8,725	35,675	6	365,462	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	3,102	0	0	21.00
22.00	02200	0	67,620	0	1,360	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	0	0	0	0	0	23.02
23.03	02303	0	312	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,317,022	166,085	1,588,689	191,970	624,605	30.00
31.00	03100	1,053,634	115,608	1,119,897	204,686	626,023	31.00
32.00	03200	611,393	43,314	330,385	41,311	213,336	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	680,569	28,980	139,599	3,184	0	40.00
41.00	04100	342,475	14,646	220,257	11,401	9,423	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	12,776	91,159	14,081	13,834	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	57,960	214,052	2,170,330	245,264	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	1,246	1,551	97,545	552,001	53.00
54.00	05400	0	38,017	32,573	185,921	291,973	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	2,805	0	1,276	1,057,397	56.00
56.01	05601	0	4,986	0	18,870	639	56.01
57.00	05700	0	4,674	0	50,745	50,426	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	8,414	13,960	584,971	77,802	59.00
60.00	06000	0	0	0	189,119	0	60.00
60.01	06001	0	0	0	26,578	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	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	0	23,994	10,858	47,383	175	65.00
66.00	06600	0	12,153	1,551	10,515	133	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	1,246	7,756	361	0	68.01
69.00	06900	0	7,167	3,102	6,548	23,488	69.00
70.00	07000	0	935	0	1,176	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
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	2,805	6,204	11,446	8,047	76.00
76.01	03021	0	0	0	0	0	76.01
76.02	03022	0	0	0	0	0	76.02
76.97	07697	0	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
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	1,870	1,551	16,023	1,376	90.00
90.01	09001 A. R. C. CLINIC	0	4,051	34,124	2,803	0	90.01
90.02	09002 CANCER CTR CLINIC	0	7,479	38,778	8,313	53,693	90.02
90.03	09003 UROLOGY CLINIC	0	623	0	3,561	5,766	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	312	0	6,366	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	3,321	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	312	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	4,674	0	49,197	1,284	90.09
91.00	09100 EMERGENCY	0	45,184	184,581	94,053	874,053	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
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
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	5,005,093	753,477	4,090,261	4,058,666	5,096,200	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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)	5,005,093	753,477	4,090,261	4,058,666	5,096,200	202.00
INTERNS & RESIDENTS							
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00520 DATA PROCESSING						5.02
5.03	00530 PURCHASING RECEIVING AND STORES						5.03
5.04	00540 ADMINISTRATION						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
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	3,521,001					16.00
17.00	01700 SOCIAL SERVICES	0	4,434,802				17.00
20.00	02000 NURSING SCHOOL	0	0	0			20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	18,697,904		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	4,424,212	22.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMED ED PHARMACY	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	337,553	2,053,015	0	18,493,167	4,375,769	30.00
31.00 03100 INTENSIVE CARE UNIT	265,306	933,581	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	94,169	541,730	0	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	38,196	603,024	0	106,081	25,100	40.00
41.00 04100 SUBPROVIDER - IRF	27,584	303,452	0	98,656	23,343	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	18,759	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	450,418	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	87,661	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	254,961	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	22,650	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	34,338	0	0	0	0	56.01
57.00 05700 CT SCAN	138,260	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	104,363	0	0	0	0	59.00
60.00 06000 LABORATORY	269,952	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	31,575	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	102,754	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	55,605	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
68.01 06801 CARDIOLOGY	2,552	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	59,163	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,944	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	149,081	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	143,944	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	469,267	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 RENAL DIALYSIS	13,068	0	0	0	0	76.00
76.01 03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 03022 CMHC	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	17,777	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	40,735	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	14,294	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	2,878	0	0	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	322	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	1,040	0	0	0	0	90.06
90.07 09007 DENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	1,662	0	0	1,662	0	90.08
90.09 09010 O/P DENTISTRY	2,934	0	0	0	0	90.09
91.00 09100 EMERGENCY	264,236	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
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
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		16.00	17.00	20.00	21.00	22.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,521,001	4,434,802	0	18,697,904	4,424,212
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	SUBCORPS	0	0	0	0	0
190.02	19002	GRANTS	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	HOSPICE	0	0	0	0	0
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,521,001	4,434,802	0	18,697,904	4,424,212
Cost Center Description		Subtotal	PARAMED PRGM	PARAMED ANESTH SCHOOL	PARAMED RADIOLOGY SCHOOL	PARAMED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	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
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
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03	02303	PARAMED PHARMACY	177,078	0	0	0	177,078
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	72,612,827	0	0	0	39,703
31.00	03100	INTENSIVE CARE UNIT	32,668,246	0	0	0	0
32.00	03200	CORONARY CARE UNIT	11,406,070	0	0	0	24,456
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	9,188,299	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	4,606,553	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,337,015	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,982,542	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,819,301	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,831,231	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,744,468	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2012

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Cost Center Description		Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
56.01	05601	ULTRA SOUND	1,546,858	0	0	0	56.01
57.00	05700	CT SCAN	2,650,889	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,686,405	0	0	15,247	59.00
60.00	06000	LABORATORY	11,751,925	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,613,472	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	5,477,284	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,506,469	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
68.01	06801	CARDIOLOGY	515,380	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,950	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	205,037	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,342,289	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,394,205	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,627,217	0	0	67,178	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	852,710	0	0	0	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
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	924,066	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	2,252,871	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	3,716,866	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	244,458	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	351,455	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	19,203	0	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	267,596	0	0	0	90.08
90.09	09010	O/P DENTISTRY	1,561,994	0	0	0	90.09
91.00	09100	EMERGENCY	15,379,039	0	0	30,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	298,056,268	0	0	177,078	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	550,365	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	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)	298,606,633	0	0	177,078	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	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
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
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	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	72,652,530	-22,868,936	49,783,594	30.00
31.00	03100	INTENSIVE CARE UNIT	32,668,246	0	32,668,246	31.00
32.00	03200	CORONARY CARE UNIT	11,430,526	0	11,430,526	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	9,188,299	-131,181	9,057,118	40.00
41.00	04100	SUBPROVIDER - I/RF	4,606,553	-121,999	4,484,554	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,337,015	0	3,337,015	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,982,542	0	24,982,542	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	2,819,301	0	2,819,301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,831,231	0	14,831,231	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,744,468	0	2,744,468	56.00
56.01	05601	ULTRA SOUND	1,546,858	0	1,546,858	56.01
57.00	05700	CT SCAN	2,650,889	0	2,650,889	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,701,652	0	5,701,652	59.00
60.00	06000	LABORATORY	11,751,925	0	11,751,925	60.00
60.01	06001	BLOOD LABORATORY	1,613,472	0	1,613,472	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	5,477,284	0	5,477,284	65.00
66.00	06600	PHYSICAL THERAPY	6,506,469	0	6,506,469	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	515,380	0	515,380	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,950	0	2,794,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	205,037	0	205,037	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,342,289	0	23,342,289	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,394,205	0	13,394,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,694,395	0	17,694,395	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	852,710	0	852,710	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	76.01
76.02	03022	CMHC	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
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	924,066	0	924,066	90.00
90.01	09001 A. R. C. CLINIC	2,252,871	0	2,252,871	90.01
90.02	09002 CANCER CTR CLINIC	3,716,866	0	3,716,866	90.02
90.03	09003 UROLOGY CLINIC	244,458	0	244,458	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005 EYE CENTER	351,455	0	351,455	90.05
90.06	09006 WOUND CARE CLINIC	19,203	0	19,203	90.06
90.07	09007 EENT CLINIC	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	267,596	0	267,596	90.08
90.09	09010 O/P DENTISTRY	1,561,994	0	1,561,994	90.09
91.00	09100 EMERGENCY	15,409,533	0	15,409,533	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
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
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					
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	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	298,056,268	-23,122,116	274,934,152	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	550,365	0	550,365	190.00
190.01	19001 SUBCORPS	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	298,606,633	-23,122,116	275,484,517	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140182

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

Worksheet Non-CMS Wo
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	2.00
4.00	EMPLOYEE BENEFITS	3	GROSS	SALARIES	4.00
5.01	NONPATIENT TELEPHONES	5	NONPATIENT	PHONES	5.01
5.02	DATA PROCESSING	6	PATIENT	REVENUE	5.02
5.03	PURCHASING RECEIVING AND STORES	7	PURCHASE	REQUISITIO	5.03
5.04	ADMINISTRATIVE	8	INPATIENT	REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	6	PATIENT	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM.	COST	5.06
6.00	MAINTENANCE & REPAIRS	2	SQUARE	FEET	6.00
7.00	OPERATION OF PLANT	2	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	2	SQUARE	FEET	9.00
10.00	DIETARY	13	PATIENT	DAYS	10.00
11.00	CAFETERIA	14	TOTAL FTES		11.00
13.00	NURSING ADMINISTRATION	16	DIRECT NRS	ING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUISITIO	14.00
15.00	PHARMACY	18	COSTED	REQUISITIO	15.00
16.00	MEDICAL RECORDS & LIBRARY	6	PATIENT	REVENUE	16.00
17.00	SOCIAL SERVICE	13	PATIENT	DAYS	17.00
20.00	NURSING SCHOOL	22	ASSIGNED	TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED	TIME	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	-24	ACCUM.	COST	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
GENERAL SERVICE COST CENTERS						
1. 00 00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS	0	40,588	57,675	98,263	4. 00
5. 01 00510	NONPATIENT TELEPHONES	0	38,797	55,130	93,927	5. 01
5. 02 00520	DATA PROCESSING	0	12,037	17,104	29,141	5. 02
5. 03 00530	PURCHASING RECEIVING AND STORES	0	81,660	116,037	197,697	5. 03
5. 04 00540	ADMINITTING	0	35,877	50,981	86,858	5. 04
5. 05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	188,271	267,529	455,800	5. 05
5. 06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	343,709	488,404	832,113	5. 06
6. 00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6. 00
7. 00 00700	OPERATION OF PLANT	0	192,659	273,765	466,424	7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	26,653	37,873	64,526	8. 00
9. 00 00900	HOUSEKEEPING	0	166,490	236,579	403,069	9. 00
10. 00 01000	DIETARY	0	176,377	250,629	427,006	10. 00
11. 00 01100	CAFETERIA	0	134,983	191,808	326,791	11. 00
13. 00 01300	NURSING ADMINISTRATION	0	129,699	184,300	313,999	13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	138,924	197,408	336,332	14. 00
15. 00 01500	PHARMACY	0	73,456	104,380	177,836	15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	92,192	131,003	223,195	16. 00
17. 00 01700	SOCIAL SERVICE	0	36,486	51,846	88,332	17. 00
20. 00 02000	NURSING SCHOOL	0	0	0	0	20. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21. 00
22. 00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	20,778	29,525	50,303	22. 00
23. 00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23. 00
23. 01 02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23. 01
23. 02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23. 02
23. 03 02303	PARAMED ED PHARMACY	0	1,433	2,036	3,469	23. 03
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	1,357,446	1,928,901	3,286,347	30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	600,385	853,135	1,453,520	31. 00
32. 00 03200	CORONARY CARE UNIT	0	283,203	402,426	685,629	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 - IPF	0	358,307	509,148	867,455	40. 00
41. 00 04100	SUBPROVIDER - IRF	0	23,661	33,622	57,283	41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	42. 00
43. 00 04300	NURSERY	0	122,839	174,552	297,391	43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	0	0	0	44. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	505,184	717,856	1,223,040	50. 00
51. 00 05100	RECOVERY ROOM	0	0	0	0	51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52. 00
53. 00 05300	ANESTHESIOLOGY	0	195,776	278,194	473,970	53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	341,918	485,859	827,777	54. 00
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55. 00
56. 00 05600	RADIOISOTOPE	0	41,914	59,558	101,472	56. 00
56. 01 05601	ULTRA SOUND	0	4,657	6,618	11,275	56. 01
57. 00 05700	CT SCAN	0	21,405	30,415	51,820	57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	188,110	267,300	455,410	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	79,027	112,295	191,322	65. 00
66. 00 06600	PHYSICAL THERAPY	0	382,864	544,043	926,907	66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67. 00
68. 00 06800	SPEECH PATHOLOGY	0	0	0	0	68. 00
68. 01 06801	CARDIOLOGY	0	0	0	0	68. 01
69. 00 06900	ELECTROCARDIOLOGY	0	79,887	113,517	193,404	69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00
75. 00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75. 00
76. 00 03020	RENAL DIALYSIS	0	10,353	14,711	25,064	76. 00
76. 01 03021	METABOLIC SUPPORT	0	0	0	0	76. 01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
76.02 03022 CMHC	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	65,844	93,563	159,407	192	90.00
90.01 09001 A. R. C. CLINIC	0	96,509	137,137	233,646	695	90.01
90.02 09002 CANCER CTR CLINIC	0	228,913	325,280	554,193	956	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	109	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	86	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	3	90.06
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	26,778	38,051	64,829	57	90.08
90.09 09010 O/P DENTISTRY	0	81,391	115,655	197,046	399	90.09
91.00 09100 EMERGENCY	0	327,732	465,701	793,433	4,385	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
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
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						
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
118.00	0	7,355,172	10,451,549	17,806,721	98,263	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	98,998	140,675	239,673	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	7,454,170	10,592,224	18,046,394	98,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 9:21 am	
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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	94,219					5.01
5.02	00520	DATA PROCESSING	35	29,176				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	280	0	198,163			5.03
5.04	00540	ADMINISTRATIVE	4,128	0	257	93,329		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	2,414	0	72	0	459,667	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	7,697	0	6,279	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,898	0	3,733	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	70	0	148	0	0	8.00
9.00	00900	HOUSEKEEPING	2,974	0	2,408	0	0	9.00
10.00	01000	DIETARY	1,504	0	12,476	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,015	0	243	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,085	0	9,514	0	0	14.00
15.00	01500	PHARMACY	1,784	0	1,113	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,939	0	223	0	0	16.00
17.00	01700	SOCIAL SERVICE	840	0	169	0	0	17.00
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	2,729	0	932	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	70	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,910	2,768	8,226	14,951	44,054	30.00
31.00	03100	INTENSIVE CARE UNIT	5,458	2,175	8,359	11,602	34,625	31.00
32.00	03200	CORONARY CARE UNIT	1,609	772	1,785	4,118	12,290	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	1,644	313	295	1,670	4,985	40.00
41.00	04100	SUBPROVIDER - I/RF	665	226	510	1,131	3,600	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	154	708	820	2,448	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,857	3,693	83,682	7,676	58,784	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	1,679	719	3,840	1,697	11,441	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,878	2,091	7,691	2,946	33,275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	490	186	225	268	2,956	56.00
56.01	05601	ULTRA SOUND	455	282	745	303	4,481	56.01
57.00	05700	CT SCAN	175	1,134	1,917	2,444	18,044	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,379	856	22,112	2,775	13,620	59.00
60.00	06000	LABORATORY	2,554	2,213	7,080	7,758	35,231	60.00
60.01	06001	BLOOD LABORATORY	0	259	995	1,186	4,121	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	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	1,784	843	1,922	4,090	13,410	65.00
66.00	06600	PHYSICAL THERAPY	2,099	456	486	1,319	7,257	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
68.01	06801	CARDIOLOGY	245	21	69	14	333	68.01
69.00	06900	ELECTROCARDIOLOGY	1,085	485	439	1,258	7,721	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	770	32	64	46	515	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,222	0	3,486	19,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,180	0	3,977	18,786	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,151	0	12,834	61,389	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	175	107	433	539	1,705	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
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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	
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	35	146	667	0	2,320	90.00
90.01	09001 A. R. C. CLINIC	3,394	334	263	95	5,316	90.01
90.02	09002 CANCER CTR CLINIC	2,904	117	1,004	3	1,865	90.02
90.03	09003 UROLOGY CLINIC	245	24	159	1	376	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	3	283	0	42	90.05
90.06	09006 WOUND CARE CLINIC	35	9	127	0	136	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	14	3	0	217	90.08
90.09	09010 O/P DENTISTRY	0	24	1,996	0	383	90.09
91.00	09100 EMERGENCY	4,163	2,167	4,511	4,322	34,485	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	94,149	29,176	198,163	93,329	459,667	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	70	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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)	94,219	29,176	198,163	93,329	459,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 9:21 am	
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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	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	853,543					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	33,939	0	511,876			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,721	0	2,092	68,734		8.00
9.00	00900	HOUSEKEEPING	17,252	0	13,070	0	441,332	9.00
10.00	01000	DIETARY	12,885	0	13,846	0	12,302	10.00
11.00	01100	CAFETERIA	1,065	0	10,596	0	9,415	11.00
13.00	01300	NURSING ADMINISTRATION	10,625	0	10,182	0	9,046	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,410	0	10,906	0	9,690	14.00
15.00	01500	PHARMACY	13,892	0	5,766	0	5,124	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,270	0	7,237	0	6,430	16.00
17.00	01700	SOCIAL SERVICE	11,212	0	2,864	0	2,545	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	53,442	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,282	0	1,631	0	1,449	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	494	0	112	0	100	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,856	0	106,562	19,027	94,683	30.00
31.00	03100	INTENSIVE CARE UNIT	75,945	0	47,131	9,333	41,876	31.00
32.00	03200	CORONARY CARE UNIT	24,810	0	22,232	5,504	19,753	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	18,603	0	28,128	4,726	24,992	40.00
41.00	04100	SUBPROVIDER - I/RF	9,908	0	1,857	2,378	1,650	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,091	0	9,643	1,002	8,568	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,042	0	39,658	12,124	35,236	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	4,364	0	15,369	0	13,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,175	0	26,841	6,169	23,848	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,403	0	3,290	178	2,923	56.00
56.01	05601	ULTRA SOUND	4,183	0	366	1,212	325	56.01
57.00	05700	CT SCAN	6,665	0	1,680	1,556	1,493	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,474	0	14,767	237	13,120	59.00
60.00	06000	LABORATORY	32,282	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	4,446	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	14,491	0	6,204	0	5,512	65.00
66.00	06600	PHYSICAL THERAPY	15,223	0	30,056	2,177	26,704	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
68.01	06801	CARDIOLOGY	1,439	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	7,061	0	6,271	0	5,572	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	569	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	66,302	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	37,878	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,049	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	2,235	0	813	0	722	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
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	2,000	0	5,169	0	4,593	90.00
90.01	09001 A. R. C. CLINIC	5,428	0	7,576	0	6,731	90.01
90.02	09002 CANCER CTR CLINIC	8,428	0	17,970	0	15,966	90.02
90.03	09003 UROLOGY CLINIC	662	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	984	0	0	18	0	90.05
90.06	09006 WOUND CARE CLINIC	40	0	0	83	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	543	0	2,102	0	1,868	90.08
90.09	09010 O/P DENTISTRY	3,642	0	6,389	0	5,677	90.09
91.00	09100 EMERGENCY	37,058	0	25,728	3,010	22,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	852,768	0	504,104	68,734	434,427	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	775	0	7,772	0	6,905	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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)	853,543	0	511,876	68,734	441,332	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 9:21 am
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
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	481,401					10.00
11.00	01100	0	282,947				11.00
13.00	01300	0	2,808	349,536			13.00
14.00	01400	0	7,021	530	386,696		14.00
15.00	01500	0	8,776	133	398	217,789	15.00
16.00	01600	0	5,617	265	6	0	16.00
17.00	01700	0	3,276	3,049	1	15,618	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	265	0	0	21.00
22.00	02200	0	25,393	0	130	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	0	0	0	0	0	23.02
23.03	02303	0	117	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	222,856	62,374	135,761	18,290	26,693	30.00
31.00	03100	101,341	43,413	95,701	19,502	26,753	31.00
32.00	03200	58,805	16,265	28,233	3,936	9,117	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	65,459	10,883	11,930	303	0	40.00
41.00	04100	32,940	5,500	18,822	1,086	403	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	4,798	7,790	1,342	591	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	21,765	18,292	206,783	10,481	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	468	133	9,294	23,590	53.00
54.00	05400	0	14,276	2,784	17,714	12,478	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	1,053	0	122	45,189	56.00
56.01	05601	0	1,872	0	1,798	27	56.01
57.00	05700	0	1,755	0	4,835	2,155	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	3,159	1,193	55,734	3,325	59.00
60.00	06000	0	0	0	18,018	0	60.00
60.01	06001	0	0	0	2,532	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	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	0	9,010	928	4,514	7	65.00
66.00	06600	0	4,564	133	1,002	6	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	468	663	34	0	68.01
69.00	06900	0	2,691	265	624	1,004	69.00
70.00	07000	0	351	0	112	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
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	1,053	530	1,091	344	76.00
76.01	03021	0	0	0	0	0	76.01
76.02	03022	0	0	0	0	0	76.02
76.97	07697	0	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
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	702	133	1,527	59 90.00
90.01	09001	A. R. C. CLINIC	0	1,521	2,916	267	0 90.01
90.02	09002	CANCER CTR CLINIC	0	2,808	3,314	792	2,295 90.02
90.03	09003	UROLOGY CLINIC	0	234	0	339	246 90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0 90.04
90.05	09005	EYE CENTER	0	117	0	606	0 90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	316	0 90.06
90.07	09007	EENT CLINIC	0	0	0	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0	117	0	0	0 90.08
90.09	09010	O/P DENTISTRY	0	1,755	0	4,687	55 90.09
91.00	09100	EMERGENCY	0	16,967	15,773	8,961	37,353 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
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					
114.00	11400	UTILIZATION REVIEW-SNF					
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0 115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	481,401	282,947	349,536	386,696	217,789 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001	SUBCORPS	0	0	0	0	0 190.01
190.02	19002	GRANTS	0	0	0	0	0 190.02
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	HOSPICE	0	0	0	0	0 192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0 192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	65,474	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	481,401	348,421	349,536	386,696	217,789 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 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
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	256,468					16.00
17.00 01700 SOCIAL SERVICE	0	129,405				17.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		63,546		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			94,849	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03 02303 PARAMED ED PHARMACY	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	24,564	59,906				30.00
31.00 03100 INTENSIVE CARE UNIT	19,306	27,241				31.00
32.00 03200 CORONARY CARE UNIT	6,853	15,807				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	2,780	17,596				40.00
41.00 04100 SUBPROVIDER - I RF	2,007	8,855				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	1,365	0				43.00
44.00 04400 SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	32,777	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	6,379	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	18,554	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00 05600 RADIOISOTOPE	1,648	0				56.00
56.01 05601 ULTRA SOUND	2,499	0				56.01
57.00 05700 CT SCAN	10,061	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	7,595	0				59.00
60.00 06000 LABORATORY	19,645	0				60.00
60.01 06001 BLOOD LABORATORY	2,298	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	7,477	0				65.00
66.00 06600 PHYSICAL THERAPY	4,046	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
68.01 06801 RADIOLOGY	186	0				68.01
69.00 06900 ELECTROCARDIOLOGY	4,305	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	287	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,849	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	10,475	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	34,391	0				73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0				75.00
76.00 03020 RENAL DIALYSIS	951	0				76.00
76.01 03021 METABOLIC SUPPORT	0	0				76.01
76.02 03022 CMHC	0	0				76.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	1,294	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	2,964	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	1,040	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	209	0	0	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	23	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	76	0	0	0	0	90.06
90.07 09007 DENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	121	0	0	0	0	90.08
90.09 09010 O/P DENTISTRY	214	0	0	0	0	90.09
91.00 09100 EMERGENCY	19,229	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
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
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						
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	256,468	129,405	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	63,546	94,849	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	256,468	129,405	0	63,546	94,849	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 9:21 am
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Cost Center Description		PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	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					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
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)	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0		23.02
23.03	02303	PARAMED ED PHARMACY			4,456		23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				4,265,214	30.00
31.00	03100	INTENSIVE CARE UNIT				2,034,176	31.00
32.00	03200	CORONARY CARE UNIT				921,141	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 - I/PF				1,064,429	40.00
41.00	04100	SUBPROVIDER - I/RF				149,921	41.00
42.00	04200	SUBPROVIDER				0	42.00
43.00	04300	NURSERY				345,713	43.00
44.00	04400	SKILLED NURSING FACILITY				0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				1,825,523	50.00
51.00	05100	RECOVERY ROOM				0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00	05300	ANESTHESIOLOGY				566,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,043,675	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00	05600	RADIOISOTOPE				164,775	56.00
56.01	05601	ULTRA SOUND				30,434	56.01
57.00	05700	CT SCAN				106,222	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				0	58.00
59.00	05900	CARDIAC CATHETERIZATION				610,098	59.00
60.00	06000	LABORATORY				124,782	60.00
60.01	06001	BLOOD LABORATORY				15,837	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	64.00
65.00	06500	RESPIRATORY THERAPY				263,631	65.00
66.00	06600	PHYSICAL THERAPY				1,024,337	66.00
67.00	06700	OCCUPATIONAL THERAPY				0	67.00
68.00	06800	SPEECH PATHOLOGY				0	68.00
68.01	06801	CARDIOLOGY				3,714	68.01
69.00	06900	ELECTROCARDIOLOGY				233,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				2,824	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				101,315	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT				72,296	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				161,814	73.00
75.00	07500	ASC (NON-DISTINCT PART)				0	75.00
76.00	03020	RENAL DIALYSIS				36,103	76.00
76.01	03021	METABOLIC SUPPORT				0	76.01
76.02	03022	CMHC				0	76.02
76.97	07697	CARDIAC REHABILITATION				0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC					0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000 CLINIC					178,244	90.00
90.01	09001 A. R. C. CLINIC					271,146	90.01
90.02	09002 CANCER CTR CLINIC					613,655	90.02
90.03	09003 UROLOGY CLINIC					2,604	90.03
90.04	09004 ORTHOPEDIC CLINIC					0	90.04
90.05	09005 EYE CENTER					2,162	90.05
90.06	09006 WOUND CARE CLINIC					825	90.06
90.07	09007 EENT CLINIC					0	90.07
90.08	09008 O/P PHARMACY CLINIC					69,871	90.08
90.09	09010 O/P DENTISTRY					222,267	90.09
91.00	09100 EMERGENCY					1,034,404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040 FAMILY HEALTH CENTER					0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES					0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	09910 CORF					0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION					0	109.00
110.00	11000 INTESTINAL ACQUISITION					0	110.00
111.00	11100 ISLET ACQUISITION					0	111.00
113.00	11300 INTEREST EXPENSE					0	113.00
114.00	11400 UTILIZATION REVIEW-SNF					0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	17,562,874	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					255,195	190.00
190.01	19001 SUBCORPS					0	190.01
190.02	19002 GRANTS					0	190.02
191.00	19100 RESEARCH					0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201 HOSPICE					0	192.01
192.02	19202 OUTPATIENT PHARMACY					0	192.02
193.00	19300 NONPAID WORKERS					0	193.00
200.00	Cross Foot Adjustments	0	0	0	4,456	162,851	200.00
201.00	Negative Cost Centers	0	0	0	0	65,474	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	4,456	18,046,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 9:21 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	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
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
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	PARAMED ED ANESTH SCHOOL		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL		23.02
23.03	02303	PARAMED ED PHARMACY		23.03
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	4,265,214
31.00	03100	INTENSIVE CARE UNIT	0	2,034,176
32.00	03200	CORONARY CARE UNIT	0	921,141
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - I/PF	0	1,064,429
41.00	04100	SUBPROVIDER - I/RF	0	149,921
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	345,713
44.00	04400	SKILLED NURSING FACILITY	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,825,523
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	566,665
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,043,675
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	164,775
56.01	05601	ULTRA SOUND	0	30,434
57.00	05700	CT SCAN	0	106,222
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	610,098
60.00	06000	LABORATORY	0	124,782
60.01	06001	BLOOD LABORATORY	0	15,837
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	263,631
66.00	06600	PHYSICAL THERAPY	0	1,024,337
67.00	06700	OCCUPATIONAL THERAPY	0	0
68.00	06800	SPEECH PATHOLOGY	0	0
68.01	06801	CARDIOLOGY	0	3,714
69.00	06900	ELECTROCARDIOLOGY	0	233,057
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,824
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	101,315
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72,296
73.00	07300	DRUGS CHARGED TO PATIENTS	0	161,814
75.00	07500	ASC (NON-DISTINCT PART)	0	0
76.00	03020	RENAL DIALYSIS	0	36,103
76.01	03021	METABOLIC SUPPORT	0	0
76.02	03022	CMHC	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
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	178,244	90.00
90.01	09001 A. R. C. CLINIC	0	271,146	90.01
90.02	09002 CANCER CTR CLINIC	0	613,655	90.02
90.03	09003 UROLOGY CLINIC	0	2,604	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	0	2,162	90.05
90.06	09006 WOUND CARE CLINIC	0	825	90.06
90.07	09007 DENT CLINIC	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	69,871	90.08
90.09	09010 O/P DENTISTRY	0	222,267	90.09
91.00	09100 EMERGENCY	0	1,034,404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
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
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				
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
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	17,562,874	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	255,195	190.00
190.01	19001 SUBCORPS	0	0	190.01
190.02	19002 GRANTS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 HOSPICE	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	162,851	200.00
201.00	Negative Cost Centers	0	65,474	201.00
202.00	TOTAL (sum lines 118-201)	0	18,046,394	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	416,160					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		416,160				2.00
4.00 00400 EMPLOYEE BENEFITS	2,266	2,266	127,627,200			4.00
5.01 00510 NONPATIENT TELEPHONES	2,166	2,166	379,771	2,693		5.01
5.02 00520 DATA PROCESSING	672	672	0	1	1,202,930,019	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	4,559	4,559	242,181	8	0	5.03
5.04 00540 ADMITTING	2,003	2,003	2,708,455	118	0	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	10,511	10,511	1,793,528	69	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	19,189	19,189	9,680,983	220	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	10,756	10,756	3,742,696	140	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,488	1,488	230,456	2	0	8.00
9.00 00900 HOUSEKEEPING	9,295	9,295	3,323,693	85	0	9.00
10.00 01000 DIETARY	9,847	9,847	1,794,791	43	0	10.00
11.00 01100 CAFETERIA	7,536	7,536	719,978	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	7,241	7,241	2,100,698	29	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,756	7,756	1,569,160	31	0	14.00
15.00 01500 PHARMACY	4,101	4,101	3,853,243	51	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,147	5,147	1,669,815	84	0	16.00
17.00 01700 SOCIAL SERVICE	2,037	2,037	1,946,823	24	0	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,778,052	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,160	1,160	0	78	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMED ED PHARMACY	80	80	121,465	2	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	75,785	75,785	19,995,145	369	115,323,989	30.00
31.00 03100 INTENSIVE CARE UNIT	33,519	33,519	14,149,459	156	90,640,833	31.00
32.00 03200 CORONARY CARE UNIT	15,811	15,811	4,704,789	46	32,172,461	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	20,004	20,004	3,463,675	47	13,049,463	40.00
41.00 04100 SUBPROVIDER - IRF	1,321	1,321	1,428,602	19	9,423,828	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	6,858	6,858	1,301,383	0	6,409,068	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	28,204	28,204	8,613,868	196	153,883,987	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	10,930	10,930	86,575	48	29,949,098	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,089	19,089	5,426,089	168	87,106,490	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	2,340	2,340	482,785	14	7,738,437	56.00
56.01 05601 ULTRA SOUND	260	260	792,904	13	11,731,501	56.01
57.00 05700 CT SCAN	1,195	1,195	633,852	5	47,235,944	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,502	10,502	1,742,948	68	35,655,119	59.00
60.00 06000 LABORATORY	0	0	994	73	92,228,347	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	10,787,380	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	4,412	4,412	2,749,337	51	35,105,409	65.00
66.00 06600 PHYSICAL THERAPY	21,375	21,375	2,470,426	60	18,997,260	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
68.01 06801 CARDIOLOGY	0	0	314,094	7	871,757	68.01
69.00 06900 ELECTROCARDIOLOGY	4,460	4,460	1,132,337	31	20,212,892	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	101,312	22	1,347,324	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	50,932,975	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	49,178,062	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	160,315,787	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 RENAL DIALYSIS	578	578	443,438	5	4,464,607	76.00
76.01 03021 METABOLIC SUPPORT	0	0	0	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description			CAPITAL RELATED COSTS						
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)		
			1.00	2.00	4.00	5.01	5.02		
76.02	03022	CMHC	0	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
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	3,676	3,676	249,395	1	6,073,343	90.00	
90.01	09001	A. R. C. CLINIC	5,388	5,388	902,587	97	13,916,822	90.01	
90.02	09002	CANCER CTR CLINIC	12,780	12,780	1,241,691	83	4,883,453	90.02	
90.03	09003	UROLOGY CLINIC	0	0	142,038	7	983,408	90.03	
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04	
90.05	09005	EYE CENTER	0	0	111,271	0	110,025	90.05	
90.06	09006	WOUND CARE CLINIC	0	0	3,428	1	355,373	90.06	
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07	
90.08	09008	O/P PHARMACY CLINIC	1,495	1,495	74,100	0	567,744	90.08	
90.09	09010	O/P DENTISTRY	4,544	4,544	518,091	0	1,002,443	90.09	
91.00	09100	EMERGENCY	18,297	18,297	5,694,799	119	90,275,390	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS									
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	
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									
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	
118.00		SUBTOTALS (SUM OF LINES 1-117)	410,633	410,633	127,627,200	2,691	1,202,930,019	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,527	5,527	0	2	0	190.00	
190.01	19001	SUBCORPS	0	0	0	0	0	190.01	
190.02	19002	GRANTS	0	0	0	0	0	190.02	
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	HOSPICE	0	0	0	0	0	192.01	
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02	
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)	7,454,170	10,592,224	31,726,586	1,293,667	8,117,215	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	17.911789	25.452288	0.248588	480.381359	0.006748	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			98,263	94,219	29,176	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000770	34.986632	0.000024	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASE REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	38,091,268				5.03
5.04	00540	ADMITTING	49,434	727,650,507			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	13,762	0	1,202,930,019		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,206,960	0	0	-32,930,944	265,675,689
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	717,632	0	0	0	10,563,019
8.00	00800	LAUNDRY & LINEN SERVICE	28,498	0	0	0	535,617
9.00	00900	HOUSEKEEPING	462,856	0	0	0	5,369,385
10.00	01000	DIETARY	2,398,314	0	0	0	4,010,207
11.00	01100	CAFETERIA	0	0	0	0	331,416
13.00	01300	NURSING ADMINISTRATION	46,761	0	0	0	3,306,827
14.00	01400	CENTRAL SERVICES & SUPPLY	1,828,987	0	0	0	3,240,052
15.00	01500	PHARMACY	213,913	0	0	0	4,323,825
16.00	01600	MEDICAL RECORDS & LIBRARY	42,798	0	0	0	2,885,063
17.00	01700	SOCIAL SERVICE	32,456	0	0	0	3,489,432
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	16,633,096
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	179,232	0	0	0	3,822,750
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0
23.03	02303	PARAMED PHARMACY	0	0	0	0	153,674
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,581,344	115,323,989	115,323,989	0	34,212,913
31.00	03100	INTENSIVE CARE UNIT	1,606,886	90,640,833	90,640,833	0	23,636,807
32.00	03200	CORONARY CARE UNIT	343,134	32,172,461	32,172,461	0	7,721,877
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	56,743	13,049,463	13,049,463	0	5,789,871
41.00	04100	SUBPROVIDER - I RF	98,005	8,836,280	9,423,828	0	3,083,783
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	136,150	6,409,068	6,409,068	0	2,518,092
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,084,087	59,966,563	153,883,987	0	18,064,762
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	738,270	13,258,462	29,949,098	0	1,358,361
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,478,382	23,013,431	87,106,490	0	11,570,207
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	43,338	2,093,183	7,738,437	0	1,370,481
56.01	05601	ULTRA SOUND	143,127	2,370,857	11,731,501	0	1,302,018
57.00	05700	CT SCAN	368,569	19,096,035	47,235,944	0	2,074,504
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,250,730	21,682,058	35,655,119	0	3,882,486
60.00	06000	LABORATORY	1,361,043	60,608,135	92,228,347	0	10,047,452
60.01	06001	BLOOD LABORATORY	191,198	9,265,271	10,787,380	0	1,383,795
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	369,415	31,952,438	35,105,409	0	4,510,043
66.00	06600	PHYSICAL THERAPY	93,461	10,302,434	18,997,260	0	4,738,014
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	13,275	109,775	871,757	0	447,942
69.00	06900	ELECTROCARDIOLOGY	84,394	9,824,960	20,212,892	0	2,197,610
70.00	07000	ELECTROENCEPHALOGRAPHY	12,284	358,346	1,347,324	0	177,038
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,231,747	50,932,975	0	20,635,408
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	31,068,593	49,178,062	0	11,788,992
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100,264,410	160,315,787	0	15,265,732
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	RENAL DIALYSIS	83,266	4,214,206	4,464,607	0	695,688
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0
76.02	03022	CMHC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASE REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	128,223	530	6,073,343	0	622,473	90.00
90.01	09001 A.R.C. CLINIC	50,503	738,608	13,916,822	0	1,689,368	90.01
90.02	09002 CANCER CTR CLINIC	192,935	21,054	4,883,453	0	2,623,082	90.02
90.03	09003 UROLOGY CLINIC	30,620	10,486	983,408	0	206,085	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	54,456	0	110,025	0	306,315	90.05
90.06	09006 WOUND CARE CLINIC	24,337	1,533	355,373	0	12,502	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	610	0	567,744	0	169,085	90.08
90.09	09010 O/P DENTISTRY	383,747	0	1,002,443	0	1,133,664	90.09
91.00	09100 EMERGENCY	867,133	33,765,298	90,275,390	0	11,533,808	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
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
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	38,091,268	727,650,507	1,202,930,019	-32,930,944	265,434,621	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	241,068	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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)	990,913	4,254,026	3,740,475		32,930,944	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.026014	0.005846	0.003109		0.123952	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	198,163	93,329	459,667		853,543	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005202	0.000128	0.000382		0.003213	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		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	374,794					6.00
7.00	00700	10,756	364,038				7.00
8.00	00800	1,488	1,488	2,039,056			8.00
9.00	00900	9,295	9,295	0	353,255		9.00
10.00	01000	9,847	9,847	0	9,847	71,991	10.00
11.00	01100	7,536	7,536	0	7,536	0	11.00
13.00	01300	7,241	7,241	0	7,241	0	13.00
14.00	01400	7,756	7,756	0	7,756	0	14.00
15.00	01500	4,101	4,101	0	4,101	0	15.00
16.00	01600	5,147	5,147	0	5,147	0	16.00
17.00	01700	2,037	2,037	0	2,037	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	1,160	1,160	0	1,160	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	0	0	0	0	0	23.02
23.03	02303	80	80	0	80	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	75,785	75,785	564,431	75,785	33,327	30.00
31.00	03100	33,519	33,519	276,858	33,519	15,155	31.00
32.00	03200	15,811	15,811	163,278	15,811	8,794	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	20,004	20,004	140,205	20,004	9,789	40.00
41.00	04100	1,321	1,321	70,553	1,321	4,926	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	6,858	6,858	29,734	6,858	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,204	28,204	359,659	28,204	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	10,930	10,930	0	10,930	0	53.00
54.00	05400	19,089	19,089	183,017	19,089	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	2,340	2,340	5,288	2,340	0	56.00
56.01	05601	260	260	35,969	260	0	56.01
57.00	05700	1,195	1,195	46,165	1,195	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	10,502	10,502	7,023	10,502	0	59.00
60.00	06000	0	0	0	0	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	0	0	0	0	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	4,412	4,412	0	4,412	0	65.00
66.00	06600	21,375	21,375	64,581	21,375	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	4,460	4,460	0	4,460	0	69.00
70.00	07000	0	0	0	0	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
75.00	07500	0	0	0	0	0	75.00
76.00	03020	578	578	0	578	0	76.00
76.01	03021	0	0	0	0	0	76.01
76.02	03022	0	0	0	0	0	76.02
76.97	07697	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
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	3,676	3,676	0	3,676	0	90.00
90.01	09001 A. R. C. CLINIC	5,388	5,388	0	5,388	0	90.01
90.02	09002 CANCER CTR CLINIC	12,780	12,780	0	12,780	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	539	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	2,476	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1,495	1,495	0	1,495	0	90.08
90.09	09010 O/P DENTISTRY	4,544	4,544	0	4,544	0	90.09
91.00	09100 EMERGENCY	18,297	18,297	89,280	18,297	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	369,267	358,511	2,039,056	347,728	71,991	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,527	5,527	0	5,527	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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	11,872,326	650,536	6,338,068	5,005,093	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	32.612876	0.319038	17.941906	69.523871	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	511,876	68,734	441,332	481,401	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.406106	0.033709	1.249330	6.686961	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description			CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENT)	PHARMACY (COSTED REQUIREMENT)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	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	2,418					11.00
13.00	01300	NURSING ADMINISTRATION	24	5,484,960				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60	8,320	29,197,488			14.00
15.00	01500	PHARMACY	75	2,080	30,075	1,452,184		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48	4,160	465	0	1,202,930,019	16.00
17.00	01700	SOCIAL SERVICE	28	47,840	40	104,140	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,160	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	217	0	9,782	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	1	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	533	2,130,398	1,381,008	177,984	115,323,989	30.00
31.00	03100	INTENSIVE CARE UNIT	371	1,501,760	1,472,490	178,388	90,640,833	31.00
32.00	03200	CORONARY CARE UNIT	139	443,040	297,189	60,791	32,172,461	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	93	187,200	22,906	0	13,049,463	40.00
41.00	04100	SUBPROVIDER - I/RF	47	295,360	82,016	2,685	9,423,828	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	41	122,242	101,294	3,942	6,409,068	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	186	287,040	15,613,041	69,889	153,883,987	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	4	2,080	701,725	157,295	29,949,098	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	122	43,680	1,337,494	83,199	87,106,490	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	9,179	301,310	7,738,437	56.00
56.01	05601	ULTRA SOUND	16	0	135,747	182	11,731,501	56.01
57.00	05700	CT SCAN	15	0	365,052	14,369	47,235,944	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27	18,720	4,208,212	22,170	35,655,119	59.00
60.00	06000	LABORATORY	0	0	1,360,498	0	92,228,347	60.00
60.01	06001	BLOOD LABORATORY	0	0	191,198	0	10,787,380	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	77	14,560	340,865	50	35,105,409	65.00
66.00	06600	PHYSICAL THERAPY	39	2,080	75,645	38	18,997,260	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
68.01	06801	CARDIOLOGY	4	10,400	2,595	0	871,757	68.01
69.00	06900	ELECTROCARDIOLOGY	23	4,160	47,105	6,693	20,212,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	0	8,462	0	1,347,324	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	50,932,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	49,178,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	160,315,787	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	9	8,320	82,343	2,293	4,464,607	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENT)	PHARMACY (COSTED REQUIREMENT)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	6	2,080	115,268	392	6,073,343	90.00
90.01	09001 A. R. C. CLINIC	13	45,760	20,161	0	13,916,822	90.01
90.02	09002 CANCER CTR CLINIC	24	52,000	59,802	15,300	4,883,453	90.02
90.03	09003 UROLOGY CLINIC	2	0	25,617	1,643	983,408	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	1	0	45,793	0	110,025	90.05
90.06	09006 WOUND CARE CLINIC	0	0	23,893	0	355,373	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1	0	0	0	567,744	90.08
90.09	09010 O/P DENTISTRY	15	0	353,920	366	1,002,443	90.09
91.00	09100 EMERGENCY	145	247,520	676,608	249,065	90,275,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
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							
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
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	2,418	5,484,960	29,197,488	1,452,184	1,202,930,019	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
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 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
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)	753,477	4,090,261	4,058,666	5,096,200	3,521,001	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	311.611663	0.745723	0.139007	3.509335	0.002927	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	348,421	349,536	386,696	217,789	256,468	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	117.016956	0.063726	0.013244	0.149973	0.000213	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 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
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	71,991					17.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		17,626			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			17,626		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0				0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0				0	23.02
23.03 02303 PARAMED ED PHARMACY	0				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	33,327	0	17,433	17,433	0	30.00
31.00 03100 INTENSIVE CARE UNIT	15,155	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	8,794	0	0	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	9,789	0	100	100	0	40.00
41.00 04100 SUBPROVIDER - IRF	4,926	0	93	93	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
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
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
56.01 05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 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
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
68.01 06801 CARDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 RENAL DIALYSIS	0	0	0	0	0	76.00
76.01 03021 METABOLIC SUPPORT	0	0	0	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation		
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			17.00	20.00			21.00
76.02 03022 CMHC	0	0	0	0	0	76.02	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
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 09001 A. R. C. CLINIC	0	0	0	0	0	90.01	
90.02 09002 CANCER CTR CLINIC	0	0	0	0	0	90.02	
90.03 09003 UROLOGY CLINIC	0	0	0	0	0	90.03	
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04	
90.05 09005 EYE CENTER	0	0	0	0	0	90.05	
90.06 09006 WOUND CARE CLINIC	0	0	0	0	0	90.06	
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07	
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08	
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09	
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
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	
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							
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	
118.00	SUBTOTALS (SUM OF LINES 1-117)		71,991	0	17,626	17,626	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00	
190.01 19001 SUBCORPS	0	0	0	0	0	0 190.01	
190.02 19002 GRANTS	0	0	0	0	0	0 190.02	
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 HOSPICE	0	0	0	0	0	0 192.01	
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	0 192.02	
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)	4,434,802	0	18,697,904	4,424,212	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	61.602172	0.000000	1,060.813798	251.004879	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	129,405	0	63,546	94,849	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.797516	0.000000	3.605242	5.381198	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		PARAMED ED PRGM (ACCU. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)		
		23.00	23.01	23.02	23.03		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	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
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
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)	298,606,633				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0		23.02
23.03	02303	PARAMED ED PHARMACY	177,078	0	0	2,346	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	72,612,827	0	0	526	30.00
31.00	03100	INTENSIVE CARE UNIT	32,668,246	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	11,406,070	0	0	324	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	9,188,299	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,606,553	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,337,015	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,982,542	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,819,301	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,831,231	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,744,468	0	0	0	56.00
56.01	05601	ULTRA SOUND	1,546,858	0	0	0	56.01
57.00	05700	CT SCAN	2,650,889	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,686,405	0	0	202	59.00
60.00	06000	LABORATORY	11,751,925	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,613,472	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	5,477,284	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,506,469	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
68.01	06801	CARDIOLOGY	515,380	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,950	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	205,037	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,342,289	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,394,205	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,627,217	0	0	890	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	852,710	0	0	0	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
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	924,066	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	2,252,871	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	3,716,866	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	244,458	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005 EYE CENTER	351,455	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	19,203	0	0	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	267,596	0	0	0	90.08
90.09	09010 O/P DENTISTRY	1,561,994	0	0	0	90.09
91.00	09100 EMERGENCY	15,379,039	0	0	404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
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
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						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	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	115.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	298,056,268	0	0	2,346	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	550,365	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	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	0	0	177,078	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	75.480818	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	4,456	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	1.899403	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 9:21 am

		Title XVII			Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00		6.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	49,783,594		49,783,594	0	49,783,594	115,323,989	30.00
31.00	03100	INTENSIVE CARE UNIT	32,668,246		32,668,246	0	32,668,246	90,640,833	31.00
32.00	03200	CORONARY CARE UNIT	11,430,526		11,430,526	0	11,430,526	32,172,461	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	9,057,118		9,057,118	0	9,057,118	13,049,463	40.00
41.00	04100	SUBPROVIDER - I/RF	4,484,554		4,484,554	0	4,484,554	9,423,828	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,337,015		3,337,015	0	3,337,015	6,409,068	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,982,542		24,982,542	0	24,982,542	59,966,563	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	2,819,301		2,819,301	0	2,819,301	13,258,462	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,831,231		14,831,231	0	14,831,231	23,013,431	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,744,468		2,744,468	0	2,744,468	2,093,183	56.00
56.01	05601	ULTRASOUND	1,546,858		1,546,858	0	1,546,858	2,370,857	56.01
57.00	05700	CT SCAN	2,650,889		2,650,889	0	2,650,889	19,096,035	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,701,652		5,701,652	0	5,701,652	21,682,058	59.00
60.00	06000	LABORATORY	11,751,925		11,751,925	0	11,751,925	60,608,135	60.00
60.01	06001	BLOOD LABORATORY	1,613,472		1,613,472	0	1,613,472	9,265,271	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	5,477,284	0	5,477,284	0	5,477,284	31,952,438	65.00
66.00	06600	PHYSICAL THERAPY	6,506,469	0	6,506,469	0	6,506,469	10,302,434	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	515,380	0	515,380	0	515,380	109,775	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,950		2,794,950	0	2,794,950	9,824,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	205,037		205,037	0	205,037	358,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,342,289		23,342,289	0	23,342,289	27,231,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,394,205		13,394,205	0	13,394,205	31,068,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,694,395		17,694,395	0	17,694,395	100,264,410	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	852,710		852,710	0	852,710	4,214,206	76.00
76.01	03021	METABOLIC SUPPORT	0		0	0	0	0	76.01
76.02	03022	CMHC	0		0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0	76.97
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	924,066		924,066	0	924,066	530	90.00
90.01	09001	A.R.C. CLINIC	2,252,871		2,252,871	0	2,252,871	738,608	90.01
90.02	09002	CANCER CTR CLINIC	3,716,866		3,716,866	0	3,716,866	21,054	90.02
90.03	09003	UROLOGY CLINIC	244,458		244,458	0	244,458	10,486	90.03
90.04	09004	ORTHOPEDIC CLINIC	0		0	0	0	0	90.04
90.05	09005	EYE CENTER	351,455		351,455	0	351,455	0	90.05
90.06	09006	WOUND CARE CLINIC	19,203		19,203	0	19,203	1,533	90.06
90.07	09007	EENT CLINIC	0		0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	267,596		267,596	0	267,596	2,499	90.08
90.09	09010	O/P DENTISTRY	1,561,994		1,561,994	0	1,561,994	0	90.09
91.00	09100	EMERGENCY	15,409,533		15,409,533	0	15,409,533	33,765,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,180,598		6,180,598	0	6,180,598	1,010,229	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	0	93.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 9:21 am

			Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
OTHER REIMBURSABLE COST CENTERS								
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
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								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	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	115.00
200.00		Subtotal (see instructions)	281,114,750	0	281,114,750	0	281,114,750	729,250,783
201.00		Less Observation Beds	6,180,598		6,180,598		6,180,598	201.00
202.00		Total (see instructions)	274,934,152	0	274,934,152	0	274,934,152	729,250,783
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		115,323,989				30.00
31.00	03100	INTENSIVE CARE UNIT		90,640,833				31.00
32.00	03200	CORONARY CARE UNIT		32,172,461				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		13,049,463				40.00
41.00	04100	SUBPROVIDER - IRF		9,423,828				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		6,409,068				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,917,424	153,883,987	0.162347	0.000000	0.162347	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,690,636	29,949,098	0.094136	0.000000	0.094136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,093,059	87,106,490	0.170266	0.000000	0.170266	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,645,254	7,738,437	0.354654	0.000000	0.354654	56.00
56.01	05601	ULTRA SOUND	9,360,644	11,731,501	0.131855	0.000000	0.131855	56.01
57.00	05700	CT SCAN	28,139,909	47,235,944	0.056120	0.000000	0.056120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,973,061	35,655,119	0.159911	0.000000	0.159911	59.00
60.00	06000	LABORATORY	31,620,212	92,228,347	0.127422	0.000000	0.127422	60.00
60.01	06001	BLOOD LABORATORY	1,522,109	10,787,380	0.149570	0.000000	0.149570	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,152,971	35,105,409	0.156024	0.000000	0.156024	65.00
66.00	06600	PHYSICAL THERAPY	8,694,826	18,997,260	0.342495	0.000000	0.342495	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	761,982	871,757	0.591197	0.000000	0.591197	68.01
69.00	06900	ELECTROCARDIOLOGY	10,387,932	20,212,892	0.138276	0.000000	0.138276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	988,978	1,347,324	0.152181	0.000000	0.152181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,701,228	50,932,975	0.458294	0.000000	0.458294	71.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 9:21 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
Cost Center Description	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00	9.00	10.00	11.00			
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	18,109,469	49,178,062	0.272361	0.000000	0.272361		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	60,051,377	160,315,787	0.110372	0.000000	0.110372		73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
76.00 03020	RENAL DIALYSIS	250,401	4,464,607	0.190993	0.000000	0.190993		76.00
76.01 03021	METABOLIC SUPPORT	0	0	0.000000	0.000000	0.000000		76.01
76.02 03022	CMHC	0	0	0.000000	0.000000	0.000000		76.02
76.97 07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0.000000		76.97
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	6,072,813	6,073,343	0.152151	0.000000	0.152151		90.00
90.01 09001	A. R. C. CLINIC	13,178,214	13,916,822	0.161881	0.000000	0.161881		90.01
90.02 09002	CANCER CTR CLINIC	4,862,399	4,883,453	0.761114	0.000000	0.761114		90.02
90.03 09003	UROLOGY CLINIC	972,922	983,408	0.248582	0.000000	0.248582		90.03
90.04 09004	ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0.000000		90.04
90.05 09005	EYE CENTER	110,025	110,025	3.194319	0.000000	3.194319		90.05
90.06 09006	WOUND CARE CLINIC	353,840	355,373	0.054036	0.000000	0.054036		90.06
90.07 09007	EENT CLINIC	0	0	0.000000	0.000000	0.000000		90.07
90.08 09008	O/P PHARMACY CLINIC	565,245	567,744	0.471332	0.000000	0.471332		90.08
90.09 09010	O/P DENTISTRY	1,002,443	1,002,443	1.558187	0.000000	1.558187		90.09
91.00 09100	EMERGENCY	56,510,092	90,275,390	0.170695	0.000000	0.170695		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,692,949	12,703,178	0.486540	0.000000	0.486540		92.00
93.00 04040	FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS								
95.00 09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
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								
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							113.00
114.00 11400	UTILIZATION REVIEW-SNF							114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00
200.00	Subtotal (see instructions)	486,382,414	1,215,633,197					200.00
201.00	Less Observation Beds							201.00
202.00	Total (see instructions)	486,382,414	1,215,633,197					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 9:21 am

		Title XIX			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00		6.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	49,783,594		49,783,594	0	0	115,323,989	30.00
31.00	03100	INTENSIVE CARE UNIT	32,668,246		32,668,246	0	0	90,640,833	31.00
32.00	03200	CORONARY CARE UNIT	11,430,526		11,430,526	0	0	32,172,461	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	9,057,118		9,057,118	0	0	13,049,463	40.00
41.00	04100	SUBPROVIDER - I/PF	4,484,554		4,484,554	0	0	9,423,828	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,337,015		3,337,015	0	0	6,409,068	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,982,542		24,982,542	0	0	59,966,563	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	2,819,301		2,819,301	0	0	13,258,462	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,831,231		14,831,231	0	0	23,013,431	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,744,468		2,744,468	0	0	2,093,183	56.00
56.01	05601	ULTRASOUND	1,546,858		1,546,858	0	0	2,370,857	56.01
57.00	05700	CT SCAN	2,650,889		2,650,889	0	0	19,096,035	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,701,652		5,701,652	0	0	21,682,058	59.00
60.00	06000	LABORATORY	11,751,925		11,751,925	0	0	60,608,135	60.00
60.01	06001	BLOOD LABORATORY	1,613,472		1,613,472	0	0	9,265,271	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	5,477,284	0	5,477,284	0	0	31,952,438	65.00
66.00	06600	PHYSICAL THERAPY	6,506,469	0	6,506,469	0	0	10,302,434	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	515,380	0	515,380	0	0	109,775	68.01
69.00	06900	ELECTROCARDIOLOGY	2,794,950		2,794,950	0	0	9,824,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	205,037		205,037	0	0	358,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,342,289		23,342,289	0	0	27,231,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,394,205		13,394,205	0	0	31,068,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,694,395		17,694,395	0	0	100,264,410	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	852,710		852,710	0	0	4,214,206	76.00
76.01	03021	METABOLIC SUPPORT	0		0	0	0	0	76.01
76.02	03022	CMHC	0		0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0	76.97
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	924,066		924,066	0	0	530	90.00
90.01	09001	A.R.C. CLINIC	2,252,871		2,252,871	0	0	738,608	90.01
90.02	09002	CANCER CTR CLINIC	3,716,866		3,716,866	0	0	21,054	90.02
90.03	09003	UROLOGY CLINIC	244,458		244,458	0	0	10,486	90.03
90.04	09004	ORTHOPEDIC CLINIC	0		0	0	0	0	90.04
90.05	09005	EYE CENTER	351,455		351,455	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	19,203		19,203	0	0	1,533	90.06
90.07	09007	EENT CLINIC	0		0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	267,596		267,596	0	0	2,499	90.08
90.09	09010	O/P DENTISTRY	1,561,994		1,561,994	0	0	0	90.09
91.00	09100	EMERGENCY	15,409,533		15,409,533	0	0	33,765,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,180,598		6,180,598	0	0	1,010,229	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	0	93.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 9:21 am

			Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
OTHER REIMBURSABLE COST CENTERS								
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
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								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	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	115.00
200.00		Subtotal (see instructions)	281,114,750	0	281,114,750	0	729,250,783	200.00
201.00		Less Observation Beds	6,180,598		6,180,598	0		201.00
202.00		Total (see instructions)	274,934,152	0	274,934,152	0	729,250,783	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		115,323,989				30.00
31.00	03100	INTENSIVE CARE UNIT		90,640,833				31.00
32.00	03200	CORONARY CARE UNIT		32,172,461				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		13,049,463				40.00
41.00	04100	SUBPROVIDER - IRF		9,423,828				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		6,409,068				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,917,424	153,883,987	0.162347	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,690,636	29,949,098	0.094136	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,093,059	87,106,490	0.170266	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,645,254	7,738,437	0.354654	0.000000	0.000000	56.00
56.01	05601	ULTRA SOUND	9,360,644	11,731,501	0.131855	0.000000	0.000000	56.01
57.00	05700	CT SCAN	28,139,909	47,235,944	0.056120	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,973,061	35,655,119	0.159911	0.000000	0.000000	59.00
60.00	06000	LABORATORY	31,620,212	92,228,347	0.127422	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	1,522,109	10,787,380	0.149570	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,152,971	35,105,409	0.156024	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,694,826	18,997,260	0.342495	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	761,982	871,757	0.591197	0.000000	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	10,387,932	20,212,892	0.138276	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	988,978	1,347,324	0.152181	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,701,228	50,932,975	0.458294	0.000000	0.000000	71.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 9:21 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00				
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,109,469	49,178,062	0.272361	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,051,377	160,315,787	0.110372	0.000000	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
76.00	03020	RENAL DIALYSIS	250,401	4,464,607	0.190993	0.000000	0.000000	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0.000000	0.000000	0.000000	76.01
76.02	03022	CMHC	0	0	0.000000	0.000000	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	6,072,813	6,073,343	0.152151	0.000000	0.000000	90.00
90.01	09001	A. R. C. CLINIC	13,178,214	13,916,822	0.161881	0.000000	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	4,862,399	4,883,453	0.761114	0.000000	0.000000	90.02
90.03	09003	UROLOGY CLINIC	972,922	983,408	0.248582	0.000000	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	110,025	110,025	3.194319	0.000000	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	353,840	355,373	0.054036	0.000000	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0.000000	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	565,245	567,744	0.471332	0.000000	0.000000	90.08
90.09	09010	O/P DENTISTRY	1,002,443	1,002,443	1.558187	0.000000	0.000000	90.09
91.00	09100	EMERGENCY	56,510,092	90,275,390	0.170695	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,692,949	12,703,178	0.486540	0.000000	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000	97.00
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								
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						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
200.00		Subtotal (see instructions)	486,382,414	1,215,633,197				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	486,382,414	1,215,633,197				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 9:21 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,265,214	0	4,265,214	38,051	112.09	30.00
31.00	INTENSIVE CARE UNIT	2,034,176		2,034,176	15,155	134.22	31.00
32.00	CORONARY CARE UNIT	921,141		921,141	8,794	104.75	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,064,429	0	1,064,429	9,789	108.74	40.00
41.00	SUBPROVIDER - IRF	149,921	0	149,921	4,926	30.43	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	345,713		345,713	4,165	83.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	8,780,594		8,780,594	80,880		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,978	782,164				30.00
31.00	INTENSIVE CARE UNIT	3,932	527,753				31.00
32.00	CORONARY CARE UNIT	4,089	428,323				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	3,666	398,641				40.00
41.00	SUBPROVIDER - IRF	1,680	51,122				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	20,345	2,188,003				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 9:21 am		
Title VIII			Hospital		PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,825,523	153,883,987	0.011863	14,229,048	168,799	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	566,665	29,949,098	0.018921	2,637,297	49,900	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,043,675	87,106,490	0.011982	7,294,514	87,403	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	164,775	7,738,437	0.021293	818,869	17,436	56.00
56.01	05601 ULTRA SOUND	30,434	11,731,501	0.002594	454,637	1,179	56.01
57.00	05700 CT SCAN	106,222	47,235,944	0.002249	5,178,671	11,647	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	610,098	35,655,119	0.017111	7,267,321	124,351	59.00
60.00	06000 LABORATORY	124,782	92,228,347	0.001353	14,545,510	19,680	60.00
60.01	06001 BLOOD LABORATORY	15,837	10,787,380	0.001468	2,198,729	3,228	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	0	0	0.000000	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	263,631	35,105,409	0.007510	6,801,314	51,078	65.00
66.00	06600 PHYSICAL THERAPY	1,024,337	18,997,260	0.053920	1,537,338	82,893	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	3,714	871,757	0.004260	31,064	132	68.01
69.00	06900 ELECTROCARDIOLOGY	233,057	20,212,892	0.011530	3,535,565	40,765	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,824	1,347,324	0.002096	131,332	275	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	101,315	50,932,975	0.001989	6,422,476	12,774	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	72,296	49,178,062	0.001470	8,604,865	12,649	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	161,814	160,315,787	0.001009	24,776,091	24,999	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 RENAL DIALYSIS	36,103	4,464,607	0.008086	2,203,364	17,816	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0.000000	0	0	76.01
76.02	03022 CMHC	0	0	0.000000	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
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	178,244	6,073,343	0.029349	504	15	90.00
90.01	09001 A. R. C. CLINIC	271,146	13,916,822	0.019483	743	14	90.01
90.02	09002 CANCER CTR CLINIC	613,655	4,883,453	0.125660	19,890	2,499	90.02
90.03	09003 UROLOGY CLINIC	2,604	983,408	0.002648	9,198	24	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	09005 EYE CENTER	2,162	110,025	0.019650	0	0	90.05
90.06	09006 WOUND CARE CLINIC	825	355,373	0.002322	797	2	90.06
90.07	09007 DENT CLINIC	0	0	0.000000	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	69,871	567,744	0.123068	1,736	214	90.08
90.09	09010 O/P DENTISTRY	222,267	1,002,443	0.221725	0	0	90.09
91.00	09100 EMERGENCY	1,034,404	90,275,390	0.011458	9,060,764	103,818	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	529,523	12,703,178	0.041684	545,778	22,750	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00	Total (lines 50-199)	9,311,803	948,613,555		118,307,415	856,340	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 9:21 am
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	39,703	0	0	39,703	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
32.00	03200	CORONARY CARE UNIT	0	24,456	0	0	24,456	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	
42.00	04200	SUBPROVIDER	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	64,159	0	0	64,159	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,051	1.04	6,978	7,257	0	
31.00	03100	INTENSIVE CARE UNIT	15,155	0.00	3,932	0	0	
32.00	03200	CORONARY CARE UNIT	8,794	2.78	4,089	11,367	0	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	
40.00	04000	SUBPROVIDER - IPF	9,789	0.00	3,666	0	0	
41.00	04100	SUBPROVIDER - IRF	4,926	0.00	1,680	0	0	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	
43.00	04300	NURSERY	4,165	0.00	0	0	0	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	
200.00		Total (lines 30-199)	80,880		20,345	18,624	0	
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				
31.00	03100	INTENSIVE CARE UNIT	0	0				
32.00	03200	CORONARY CARE UNIT	0	0				
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	04000	SUBPROVIDER - IPF	0	0				
41.00	04100	SUBPROVIDER - IRF	0	0				
42.00	04200	SUBPROVIDER	0	0				
43.00	04300	NURSERY	0	0				
44.00	04400	SKILLED NURSING FACILITY	0	0				
200.00		Total (lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140182

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	15,247	0	0	15,247	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	67,178	0	0	67,178	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	0	0	0	0	0	0	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
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	09001	A. R. C. CLINIC	0	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	0	90.06
90.07	09007	DENT CLINIC	0	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	30,494	0	0	30,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	4,932	0	0	4,932	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
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
200.00		Total (Lines 50-199)	0	0	117,851	0	0	117,851	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140182

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	153,883,987	0.000000	0.000000	14,229,048	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	29,949,098	0.000000	0.000000	2,637,297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	87,106,490	0.000000	0.000000	7,294,514	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	7,738,437	0.000000	0.000000	818,869	56.00
56.01	05601	ULTRA SOUND	0	11,731,501	0.000000	0.000000	454,637	56.01
57.00	05700	CT SCAN	0	47,235,944	0.000000	0.000000	5,178,671	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,247	35,655,119	0.000428	0.000428	7,267,321	59.00
60.00	06000	LABORATORY	0	92,228,347	0.000000	0.000000	14,545,510	60.00
60.01	06001	BLOOD LABORATORY	0	10,787,380	0.000000	0.000000	2,198,729	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	0	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	35,105,409	0.000000	0.000000	6,801,314	65.00
66.00	06600	PHYSICAL THERAPY	0	18,997,260	0.000000	0.000000	1,537,338	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0	871,757	0.000000	0.000000	31,064	68.01
69.00	06900	ELECTROCARDIOLOGY	0	20,212,892	0.000000	0.000000	3,535,565	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,347,324	0.000000	0.000000	131,332	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,932,975	0.000000	0.000000	6,422,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	49,178,062	0.000000	0.000000	8,604,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,178	160,315,787	0.000419	0.000419	24,776,091	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0	4,464,607	0.000000	0.000000	2,203,364	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02	03022	CMHC	0	0	0.000000	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
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	6,073,343	0.000000	0.000000	504	90.00
90.01	09001	A. R. C. CLINIC	0	13,916,822	0.000000	0.000000	743	90.01
90.02	09002	CANCER CTR CLINIC	0	4,883,453	0.000000	0.000000	19,890	90.02
90.03	09003	UROLOGY CLINIC	0	983,408	0.000000	0.000000	9,198	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005	EYE CENTER	0	110,025	0.000000	0.000000	0	90.05
90.06	09006	WOUND CARE CLINIC	0	355,373	0.000000	0.000000	797	90.06
90.07	09007	EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	567,744	0.000000	0.000000	1,736	90.08
90.09	09010	O/P DENTISTRY	0	1,002,443	0.000000	0.000000	0	90.09
91.00	09100	EMERGENCY	30,494	90,275,390	0.000338	0.000338	9,060,764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,932	12,703,178	0.000388	0.000388	545,778	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
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
200.00		Total (lines 50-199)	117,851	948,613,555			118,307,415	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140182

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 9:21 am

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	16,144,853	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,158,779	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,328,733	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	573,781	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	961,081	0	0	0	56.01
57.00	05700 CT SCAN	0	5,759,254	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,110	5,009,150	2,144	0	0	59.00
60.00	06000 LABORATORY	0	1,377,463	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	208,871	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	681,828	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	104,867	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
68.01	06801 CARDIOLOGY	0	293,424	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	2,355,407	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	166,716	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,480,880	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,127,674	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,381	15,804,926	6,622	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	192,387	0	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022 CMHC	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	1,592,883	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	61,393	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	1,260,391	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	278,588	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	9,654	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	190,008	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	214,471	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	3,063	6,482,602	2,191	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	212	2,433,607	944	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00	Total (lines 50-199)	16,766	91,253,671	11,901	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 9:21 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVII I	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
56.01	05601 ULTRA SOUND	0	0			56.01
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 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
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
68.01	06801 CARDIOLOGY	0	0			68.01
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03020 RENAL DIALYSIS	0	0			76.00
76.01	03021 METABOLIC SUPPORT	0	0			76.01
76.02	03022 CMHC	0	0			76.02
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
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	09001 A. R. C. CLINIC	0	0			90.01
90.02	09002 CANCER CTR CLINIC	0	0			90.02
90.03	09003 UROLOGY CLINIC	0	0			90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0			90.04
90.05	09005 EYE CENTER	0	0			90.05
90.06	09006 WOUND CARE CLINIC	0	0			90.06
90.07	09007 EENT CLINIC	0	0			90.07
90.08	09008 O/P PHARMACY CLINIC	0	0			90.08
90.09	09010 O/P DENTISTRY	0	0			90.09
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00	04040 FAMILY HEALTH CENTER	0	0			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 9:21 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.162347	16,144,853	0	0	2,621,068
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.094136	3,158,779	0	0	297,355
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.170266	15,328,733	0	0	2,609,962
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.354654	573,781	0	0	203,494
56.01 05601 ULTRA SOUND	0.131855	961,081	0	0	126,723
57.00 05700 CT SCAN	0.056120	5,759,254	0	0	323,209
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.159911	5,009,150	0	0	801,018
60.00 06000 LABORATORY	0.127422	1,377,463	80	0	175,519
60.01 06001 BLOOD LABORATORY	0.149570	208,871	0	0	31,241
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.156024	681,828	0	0	106,382
66.00 06600 PHYSICAL THERAPY	0.342495	104,867	0	0	35,916
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
68.01 06801 RADIOLOGY	0.591197	293,424	0	0	173,471
69.00 06900 ELECTROCARDIOLOGY	0.138276	2,355,407	0	0	325,696
70.00 07000 ELECTROENCEPHALOGRAPHY	0.152181	166,716	0	0	25,371
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458294	5,480,880	0	0	2,511,854
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.272361	5,127,674	246,449	0	1,396,578
73.00 07300 DRUGS CHARGED TO PATIENTS	0.110372	15,804,926	431	123,580	1,744,421
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03020 RENAL DIALYSIS	0.190993	192,387	0	0	36,745
76.01 03021 METABOLIC SUPPORT	0.000000	0	0	0	0
76.02 03022 CMHC	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.152151	1,592,883	0	0	242,359
90.01 09001 A.R.C. CLINIC	0.161881	61,393	0	0	9,938
90.02 09002 CANCER CTR CLINIC	0.761114	1,260,391	0	0	959,301
90.03 09003 UROLOGY CLINIC	0.248582	278,588	0	0	69,252
90.04 09004 ORTHOPEDIC CLINIC	0.000000	0	0	0	0
90.05 09005 EYE CENTER	3.194319	9,654	0	0	30,838
90.06 09006 WOUND CARE CLINIC	0.054036	190,008	0	0	10,267
90.07 09007 DENT CLINIC	0.000000	0	0	0	0
90.08 09008 O/P PHARMACY CLINIC	0.471332	214,471	0	0	101,087
90.09 09010 O/P DENTISTRY	1.558187	0	0	0	0
91.00 09100 EMERGENCY	0.170695	6,482,602	0	0	1,106,548
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.486540	2,433,607	0	0	1,184,047
93.00 04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	91,253,671	246,960	123,580	17,259,660
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	91,253,671	246,960	123,580	17,259,660

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 9:21 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
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
56.01 05601 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	10	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
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
68.01 06801 CARDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	67,123	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	48	13,640		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 RENAL DIALYSIS	0	0		76.00
76.01 03021 METABOLIC SUPPORT	0	0		76.01
76.02 03022 CMHC	0	0		76.02
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
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 09001 A.R.C. CLINIC	0	0		90.01
90.02 09002 CANCER CTR CLINIC	0	0		90.02
90.03 09003 UROLOGY CLINIC	0	0		90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	0	0		90.06
90.07 09007 DENT CLINIC	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	0	0		90.08
90.09 09010 O/P DENTISTRY	0	0		90.09
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
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
200.00 Subtotal (see instructions)	67,181	13,640		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	67,181	13,640		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 9:21 am	
		Component CCN: 14S182		Title XVIII		Subprovider - IPF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,825,523	153,883,987	0.011863	9,960	118 50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	566,665	29,949,098	0.018921	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,043,675	87,106,490	0.011982	64,470	772 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	164,775	7,738,437	0.021293	13,424	286 56.00
56.01	05601	ULTRA SOUND	30,434	11,731,501	0.002594	16,474	43 56.01
57.00	05700	CT SCAN	106,222	47,235,944	0.002249	61,580	138 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	610,098	35,655,119	0.017111	0	0 59.00
60.00	06000	LABORATORY	124,782	92,228,347	0.001353	1,134,025	1,534 60.00
60.01	06001	BLOOD LABORATORY	15,837	10,787,380	0.001468	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	0	0	0.000000	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	263,631	35,105,409	0.007510	115,387	867 65.00
66.00	06600	PHYSICAL THERAPY	1,024,337	18,997,260	0.053920	4,171	225 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	3,714	871,757	0.004260	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	233,057	20,212,892	0.011530	70,230	810 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,824	1,347,324	0.002096	3,818	8 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101,315	50,932,975	0.001989	865	2 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72,296	49,178,062	0.001470	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,814	160,315,787	0.001009	1,499,027	1,513 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03020	RENAL DIALYSIS	36,103	4,464,607	0.008086	3,646	29 76.00
76.01	03021	METABOLIC SUPPORT	0	0	0.000000	0	0 76.01
76.02	03022	CMHC	0	0	0.000000	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
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	178,244	6,073,343	0.029349	0	0 90.00
90.01	09001	A. R. C. CLINIC	271,146	13,916,822	0.019483	0	0 90.01
90.02	09002	CANCER CTR CLINIC	613,655	4,883,453	0.125660	0	0 90.02
90.03	09003	UROLOGY CLINIC	2,604	983,408	0.002648	0	0 90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0	0 90.04
90.05	09005	EYE CENTER	2,162	110,025	0.019650	0	0 90.05
90.06	09006	WOUND CARE CLINIC	825	355,373	0.002322	0	0 90.06
90.07	09007	EENT CLINIC	0	0	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	69,871	567,744	0.123068	0	0 90.08
90.09	09010	O/P DENTISTRY	222,267	1,002,443	0.221725	0	0 90.09
91.00	09100	EMERGENCY	1,034,404	90,275,390	0.011458	625,043	7,162 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,703,178	0.000000	0	0 92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00		Total (lines 50-199)	8,782,280	948,613,555		3,622,120	13,507 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140182
Component CCN: 14S182

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 9:21 am

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	0	0	0	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
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	15,247	15,247	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
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
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	67,178	67,178	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	0	0	0	0	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
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	09001	A.R.C. CLINIC	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	30,494	30,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00		Total (lines 50-199)	0	0	112,919	112,919	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 9:21 am
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	153,883,987	0.000000	0.000000	9,960	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	29,949,098	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	87,106,490	0.000000	0.000000	64,470	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,738,437	0.000000	0.000000	13,424	56.00
56.01	05601 ULTRA SOUND	0	11,731,501	0.000000	0.000000	16,474	56.01
57.00	05700 CT SCAN	0	47,235,944	0.000000	0.000000	61,580	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	15,247	35,655,119	0.000428	0.000428	0	59.00
60.00	06000 LABORATORY	0	92,228,347	0.000000	0.000000	1,134,025	60.00
60.01	06001 BLOOD LABORATORY	0	10,787,380	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	0	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	35,105,409	0.000000	0.000000	115,387	65.00
66.00	06600 PHYSICAL THERAPY	0	18,997,260	0.000000	0.000000	4,171	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801 CARDIOLOGY	0	871,757	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	20,212,892	0.000000	0.000000	70,230	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,347,324	0.000000	0.000000	3,818	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,932,975	0.000000	0.000000	865	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	49,178,062	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	67,178	160,315,787	0.000419	0.000419	1,499,027	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 RENAL DIALYSIS	0	4,464,607	0.000000	0.000000	3,646	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02	03022 CMHC	0	0	0.000000	0.000000	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
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	6,073,343	0.000000	0.000000	0	90.00
90.01	09001 A. R. C. CLINIC	0	13,916,822	0.000000	0.000000	0	90.01
90.02	09002 CANCER CTR CLINIC	0	4,883,453	0.000000	0.000000	0	90.02
90.03	09003 UROLOGY CLINIC	0	983,408	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	110,025	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	355,373	0.000000	0.000000	0	90.06
90.07	09007 EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	567,744	0.000000	0.000000	0	90.08
90.09	09010 O/P DENTISTRY	0	1,002,443	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	30,494	90,275,390	0.000338	0.000338	625,043	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,703,178	0.000000	0.000000	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00	Total (lines 50-199)	112,919	948,613,555			3,622,120	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 9:21 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
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
56.01	05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 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
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
68.01	06801 RADIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	628	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022 CMHC	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	211	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00	Total (lines 50-199)	839	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 9:21 am
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I 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
56.01	05601 ULTRA SOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 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
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
68.01	06801 CARDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	76.01
76.02	03022 CMHC	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
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	09001 A. R. C. CLINIC	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	90.06
90.07	09007 DENT CLINIC	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	90.09
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
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
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 9:21 am		
		Component CCN: 14T182		Title XVIII		Subprovider - IRF PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,825,523	153,883,987	0.011863	14,556	173	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	566,665	29,949,098	0.018921	2,536	48	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,043,675	87,106,490	0.011982	103,093	1,235	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	164,775	7,738,437	0.021293	1,727	37	56.00
56.01	05601	ULTRA SOUND	30,434	11,731,501	0.002594	3,418	9	56.01
57.00	05700	CT SCAN	106,222	47,235,944	0.002249	23,797	54	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	610,098	35,655,119	0.017111	0	0	59.00
60.00	06000	LABORATORY	124,782	92,228,347	0.001353	206,192	279	60.00
60.01	06001	BLOOD LABORATORY	15,837	10,787,380	0.001468	13,047	19	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	0	0	0.000000	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	263,631	35,105,409	0.007510	68,695	516	65.00
66.00	06600	PHYSICAL THERAPY	1,024,337	18,997,260	0.053920	2,163,982	116,682	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801	CARDIOLOGY	3,714	871,757	0.004260	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	233,057	20,212,892	0.011530	14,980	173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,824	1,347,324	0.002096	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101,315	50,932,975	0.001989	82,964	165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72,296	49,178,062	0.001470	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,814	160,315,787	0.001009	1,009,093	1,018	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	RENAL DIALYSIS	36,103	4,464,607	0.008086	274,347	2,218	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0.000000	0	0	76.01
76.02	03022	CMHC	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
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	178,244	6,073,343	0.029349	0	0	90.00
90.01	09001	A. R. C. CLINIC	271,146	13,916,822	0.019483	0	0	90.01
90.02	09002	CANCER CTR CLINIC	613,655	4,883,453	0.125660	0	0	90.02
90.03	09003	UROLOGY CLINIC	2,604	983,408	0.002648	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	EYE CENTER	2,162	110,025	0.019650	0	0	90.05
90.06	09006	WOUND CARE CLINIC	825	355,373	0.002322	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0.000000	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	69,871	567,744	0.123068	0	0	90.08
90.09	09010	O/P DENTISTRY	222,267	1,002,443	0.221725	0	0	90.09
91.00	09100	EMERGENCY	1,034,404	90,275,390	0.011458	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,703,178	0.000000	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
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
200.00		Total (lines 50-199)	8,782,280	948,613,555		3,982,427	122,626	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 9:21 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
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
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	15,247	0	15,247	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
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
68.01	06801 CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	67,178	0	67,178	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022 CMHC	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	30,494	0	30,494	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00	Total (lines 50-199)	0	0	112,919	0	112,919	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 9:21 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	153,883,987	0.000000	0.000000	14,556	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	29,949,098	0.000000	0.000000	2,536	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	87,106,490	0.000000	0.000000	103,093	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,738,437	0.000000	0.000000	1,727	56.00
56.01	05601 ULTRA SOUND	0	11,731,501	0.000000	0.000000	3,418	56.01
57.00	05700 CT SCAN	0	47,235,944	0.000000	0.000000	23,797	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	15,247	35,655,119	0.000428	0.000428	0	59.00
60.00	06000 LABORATORY	0	92,228,347	0.000000	0.000000	206,192	60.00
60.01	06001 BLOOD LABORATORY	0	10,787,380	0.000000	0.000000	13,047	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	0	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	35,105,409	0.000000	0.000000	68,695	65.00
66.00	06600 PHYSICAL THERAPY	0	18,997,260	0.000000	0.000000	2,163,982	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801 RADIOLOGY	0	871,757	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	20,212,892	0.000000	0.000000	14,980	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,347,324	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,932,975	0.000000	0.000000	82,964	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	49,178,062	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	67,178	160,315,787	0.000419	0.000419	1,009,093	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 RENAL DIALYSIS	0	4,464,607	0.000000	0.000000	274,347	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02	03022 CMHC	0	0	0.000000	0.000000	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
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	6,073,343	0.000000	0.000000	0	90.00
90.01	09001 A. R. C. CLINIC	0	13,916,822	0.000000	0.000000	0	90.01
90.02	09002 CANCER CTR CLINIC	0	4,883,453	0.000000	0.000000	0	90.02
90.03	09003 UROLOGY CLINIC	0	983,408	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	110,025	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	355,373	0.000000	0.000000	0	90.06
90.07	09007 DENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	567,744	0.000000	0.000000	0	90.08
90.09	09010 O/P DENTISTRY	0	1,002,443	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	30,494	90,275,390	0.000338	0.000338	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,703,178	0.000000	0.000000	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00	Total (lines 50-199)	112,919	948,613,555			3,982,427	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 9:21 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
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
56.01	05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 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
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
68.01	06801 RADIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	423	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022 CMHC	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
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
200.00	Total (lines 50-199)	423	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 9:21 am
	Title XVIIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I 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
56.01 05601 ULTRA SOUND	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 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
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
68.01 06801 CARDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 RENAL DIALYSIS	0	0	76.00
76.01 03021 METABOLIC SUPPORT	0	0	76.01
76.02 03022 CMHC	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
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 09001 A. R. C. CLINIC	0	0	90.01
90.02 09002 CANCER CTR CLINIC	0	0	90.02
90.03 09003 UROLOGY CLINIC	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05 09005 EYE CENTER	0	0	90.05
90.06 09006 WOUND CARE CLINIC	0	0	90.06
90.07 09007 DENT CLINIC	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	90.08
90.09 09010 O/P DENTISTRY	0	0	90.09
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS			
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
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 9:21 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.162347	0	10,713,877	0	0
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.094136	0	2,039,810	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.170266	0	5,866,605	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.354654	0	368,470	0	0
56.01 05601 ULTRA SOUND	0.131855	0	1,754,309	0	0
57.00 05700 CT SCAN	0.056120	0	3,316,242	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.159911	0	713,588	0	0
60.00 06000 LABORATORY	0.127422	0	5,507,700	0	0
60.01 06001 BLOOD LABORATORY	0.149570	0	255,286	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.156024	0	497,016	0	0
66.00 06600 PHYSICAL THERAPY	0.342495	0	1,739,401	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
68.01 06801 RADIOLOGY	0.591197	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.138276	0	1,350,461	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.152181	0	94,622	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458294	0	2,080,408	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.272361	0	1,206,376	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.110372	0	6,279,596	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03020 RENAL DIALYSIS	0.190993	0	20,878	0	0
76.01 03021 METABOLIC SUPPORT	0.000000	0	0	0	0
76.02 03022 CMHC	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.152151	0	17,862	0	0
90.01 09001 A.R.C. CLINIC	0.161881	0	7,140,924	0	0
90.02 09002 CANCER CTR CLINIC	0.761114	0	503,482	0	0
90.03 09003 UROLOGY CLINIC	0.248582	0	33,818	0	0
90.04 09004 ORTHOPEDIC CLINIC	0.000000	0	0	0	0
90.05 09005 EYE CENTER	3.194319	0	3,215	0	0
90.06 09006 WOUND CARE CLINIC	0.054036	0	31,463	0	0
90.07 09007 DENT CLINIC	0.000000	0	0	0	0
90.08 09008 O/P PHARMACY CLINIC	0.471332	0	88,320	0	0
90.09 09010 O/P DENTISTRY	1.558187	0	0	0	0
91.00 09100 EMERGENCY	0.170695	0	11,318,422	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.486540	0	2,033,231	0	0
93.00 04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	64,975,382	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0
202.00	Net Charges (line 200 +/- line 201)	0	64,975,382	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 9:21 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,739,366	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	192,020	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	998,883	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	130,679	0		56.00
56.01 05601 ULTRA SOUND	231,314	0		56.01
57.00 05700 CT SCAN	186,108	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	114,111	0		59.00
60.00 06000 LABORATORY	701,802	0		60.00
60.01 06001 BLOOD LABORATORY	38,183	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	77,546	0		65.00
66.00 06600 PHYSICAL THERAPY	595,736	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 CARDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	186,736	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	14,400	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	953,439	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	328,570	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	693,092	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 RENAL DIALYSIS	3,988	0		76.00
76.01 03021 METABOLIC SUPPORT	0	0		76.01
76.02 03022 CMHC	0	0		76.02
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
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	2,718	0		90.00
90.01 09001 A.R.C. CLINIC	1,155,980	0		90.01
90.02 09002 CANCER CTR CLINIC	383,207	0		90.02
90.03 09003 UROLOGY CLINIC	8,407	0		90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0		90.04
90.05 09005 EYE CENTER	10,270	0		90.05
90.06 09006 WOUND CARE CLINIC	1,700	0		90.06
90.07 09007 DENT CLINIC	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	41,628	0		90.08
90.09 09010 O/P DENTISTRY	0	0		90.09
91.00 09100 EMERGENCY	1,931,998	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	989,248	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
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
200.00	Subtotal (see instructions)	11,711,129	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)	11,711,129	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 9:21 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,051	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,051	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		33,327	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,978	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)		49,783,594	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)		49,783,594	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		123,753,566	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		123,753,566	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.402280	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,713.31	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		49,783,594	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)		1,308.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,129,597	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)		9,129,597	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 9:21 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	32,668,246	15,155	2,155.61	3,932	8,475,859	43.00
44.00	CORONARY CARE UNIT	11,430,526	8,794	1,299.81	4,089	5,314,923	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)					20,173,724	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,094,103	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)					1,756,864	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					873,106	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,629,970	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,464,133	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)					4,724	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,308.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,180,598	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140182

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

Worksheet D-1

Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Cost	Title XVIII		Hospital	PPS	
			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	4,265,214	49,783,594	0.085675	6,180,598	529,523	90.00
91.00	Nursing School cost	0	49,783,594	0.000000	6,180,598	0	91.00
92.00	Allied health cost	39,703	49,783,594	0.000798	6,180,598	4,932	92.00
93.00	All other Medical Education	0	49,783,594	0.000000	6,180,598	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S182		Date/Time Prepared: 5/30/2013 9:21 am
		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)		9,789	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,789	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,789	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,666	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)		9,057,118	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)		9,057,118	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		13,049,463	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		13,049,463	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.694061	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,333.07	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,057,118	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)		925.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,391,893	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)		3,391,893	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S182				Date/Time Prepared: 5/30/2013 9:21 am	
		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
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)					470,442		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,862,335		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)					398,641		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,346		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					412,987		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,449,348		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: 140182 Component CCN: 14S182		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 9:21 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,064,429	9,057,118	0.117524	0	0	90.00
91.00	Nursing School cost	0	9,057,118	0.000000	0	0	91.00
92.00	Allied health cost	0	9,057,118	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,057,118	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T182		Date/Time Prepared: 5/30/2013 9:21 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,926	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,926	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,926	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)		1,680	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)		4,484,554	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)		4,484,554	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,836,280	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,836,280	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.507516	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,793.80	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,484,554	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)		910.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,529,438	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)		1,529,438	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T182				Date/Time Prepared: 5/30/2013 9:21 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	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)					1,006,515		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,535,953		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)					51,122		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					123,049		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					174,171		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,361,782		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: 140182 Component CCN: 14T182		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 9:21 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	149,921	4,484,554	0.033431	0	0	90.00
91.00	Nursing School cost	0	4,484,554	0.000000	0	0	91.00
92.00	Allied health cost	0	4,484,554	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,484,554	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 9:21 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,641,731	30.00
31.00	03100	INTENSIVE CARE UNIT		16,055,567	31.00
32.00	03200	CORONARY CARE UNIT		13,187,434	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	0.162347	14,229,048	2,310,043 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.094136	2,637,297	248,265 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170266	7,294,514	1,242,008 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.354654	818,869	290,415 56.00
56.01	05601	ULTRA SOUND	0.131855	454,637	59,946 56.01
57.00	05700	CT SCAN	0.056120	5,178,671	290,627 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159911	7,267,321	1,162,125 59.00
60.00	06000	LABORATORY	0.127422	14,545,510	1,853,418 60.00
60.01	06001	BLOOD LABORATORY	0.149570	2,198,729	328,864 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	0.000000	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	0.156024	6,801,314	1,061,168 65.00
66.00	06600	PHYSICAL THERAPY	0.342495	1,537,338	526,531 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.591197	31,064	18,365 68.01
69.00	06900	ELECTROCARDIOLOGY	0.138276	3,535,565	488,884 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152181	131,332	19,986 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458294	6,422,476	2,943,382 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.272361	8,604,865	2,343,630 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110372	24,776,091	2,734,587 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	RENAL DIALYSIS	0.190993	2,203,364	420,827 76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	0 76.01
76.02	03022	CMHC	0.000000	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
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	0.152151	504	77 90.00
90.01	09001	A. R. C. CLINIC	0.161881	743	120 90.01
90.02	09002	CANCER CTR CLINIC	0.761114	19,890	15,139 90.02
90.03	09003	UROLOGY CLINIC	0.248582	9,198	2,286 90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	0 90.04
90.05	09005	EYE CENTER	3.194319	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.054036	797	43 90.06
90.07	09007	EENT CLINIC	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.471332	1,736	818 90.08
90.09	09010	O/P DENTISTRY	1.558187	0	0 90.09
91.00	09100	EMERGENCY	0.170695	9,060,764	1,546,627 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486540	545,778	265,543 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			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
200.00		Total (sum of lines 50-94 and 96-98)		118,307,415	20,173,724 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		118,307,415	20,173,724 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/30/2013 9:21 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
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		4,985,935	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	0.162347	9,960	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.094136	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170266	64,470	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.354654	13,424	56.00
56.01	05601	ULTRA SOUND	0.131855	16,474	56.01
57.00	05700	CT SCAN	0.056120	61,580	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159911	0	59.00
60.00	06000	LABORATORY	0.127422	1,134,025	60.00
60.01	06001	BLOOD LABORATORY	0.149570	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	0.000000	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	0.156024	115,387	65.00
66.00	06600	PHYSICAL THERAPY	0.342495	4,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.591197	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.138276	70,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152181	3,818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458294	865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.272361	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110372	1,499,027	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.190993	3,646	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
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	0.152151	0	90.00
90.01	09001	A. R. C. CLINIC	0.161881	0	90.01
90.02	09002	CANCER CTR CLINIC	0.761114	0	90.02
90.03	09003	UROLOGY CLINIC	0.248582	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	3.194319	0	90.05
90.06	09006	WOUND CARE CLINIC	0.054036	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.471332	0	90.08
90.09	09010	O/P DENTISTRY	1.558187	0	90.09
91.00	09100	EMERGENCY	0.170695	625,043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486540	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		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
200.00		Total (sum of lines 50-94 and 96-98)		3,622,120	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)		3,622,120	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/30/2013 9:21 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
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		3,009,336	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	0.162347	14,556	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.094136	2,536	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170266	103,093	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.354654	1,727	56.00
56.01	05601	ULTRA SOUND	0.131855	3,418	56.01
57.00	05700	CT SCAN	0.056120	23,797	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159911	0	59.00
60.00	06000	LABORATORY	0.127422	206,192	60.00
60.01	06001	BLOOD LABORATORY	0.149570	13,047	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	0.000000	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	0.156024	68,695	65.00
66.00	06600	PHYSICAL THERAPY	0.342495	2,163,982	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.591197	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.138276	14,980	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152181	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458294	82,964	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.272361	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110372	1,009,093	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.190993	274,347	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
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	0.152151	0	90.00
90.01	09001	A. R. C. CLINIC	0.161881	0	90.01
90.02	09002	CANCER CTR CLINIC	0.761114	0	90.02
90.03	09003	UROLOGY CLINIC	0.248582	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	3.194319	0	90.05
90.06	09006	WOUND CARE CLINIC	0.054036	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.471332	0	90.08
90.09	09010	O/P DENTISTRY	1.558187	0	90.09
91.00	09100	EMERGENCY	0.170695	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486540	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		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
200.00		Total (sum of lines 50-94 and 96-98)		3,982,427	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)		3,982,427	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 9:21 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		40,918,494	30.00
31.00	03100	INTENSIVE CARE UNIT		39,016,509	31.00
32.00	03200	CORONARY CARE UNIT		3,457,083	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		3,527,053	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.162347	6,333,877	1,028,286 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.094136	2,302,916	216,787 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170266	4,095,294	697,289 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.354654	274,421	97,325 56.00
56.01	05601	ULTRA SOUND	0.131855	965,331	127,284 56.01
57.00	05700	CT SCAN	0.056120	2,848,412	159,853 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159911	1,956,850	312,922 59.00
60.00	06000	LABORATORY	0.127422	15,330,088	1,953,390 60.00
60.01	06001	BLOOD LABORATORY	0.149570	2,976,860	445,249 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	0.000000	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	0.156024	15,178,072	2,368,144 65.00
66.00	06600	PHYSICAL THERAPY	0.342495	630,529	215,953 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.591197	9,602	5,677 68.01
69.00	06900	ELECTROCARDIOLOGY	0.138276	1,702,718	235,445 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152181	86,554	13,172 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458294	5,117,078	2,345,126 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.272361	2,491,294	678,531 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110372	25,169,392	2,777,996 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	RENAL DIALYSIS	0.190993	332,395	63,485 76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	0 76.01
76.02	03022	CMHC	0.000000	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.152151	0	0 90.00
90.01	09001	A. R. C. CLINIC	0.161881	485,964	78,668 90.01
90.02	09002	CANCER CTR CLINIC	0.761114	0	0 90.02
90.03	09003	UROLOGY CLINIC	0.248582	0	0 90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	0 90.04
90.05	09005	EYE CENTER	3.194319	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.054036	0	0 90.06
90.07	09007	EENT CLINIC	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.471332	456	215 90.08
90.09	09010	O/P DENTISTRY	1.558187	0	0 90.09
91.00	09100	EMERGENCY	0.170695	5,133,169	876,206 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486540	373,559	181,751 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			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
200.00		Total (sum of lines 50-94 and 96-98)		93,794,831	14,878,754 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		93,794,831	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/30/2013 9:21 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
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		6,436,653	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	0.162347	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.094136	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170266	81,373	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.354654	4,113	56.00
56.01	05601	ULTRA SOUND	0.131855	17,489	56.01
57.00	05700	CT SCAN	0.056120	90,663	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159911	0	59.00
60.00	06000	LABORATORY	0.127422	1,392,474	60.00
60.01	06001	BLOOD LABORATORY	0.149570	14,231	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	0.000000	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	0.156024	130,972	65.00
66.00	06600	PHYSICAL THERAPY	0.342495	2,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.591197	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.138276	64,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152181	6,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458294	350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.272361	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110372	1,387,000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.190993	15,184	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
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	0.152151	0	90.00
90.01	09001	A. R. C. CLINIC	0.161881	0	90.01
90.02	09002	CANCER CTR CLINIC	0.761114	0	90.02
90.03	09003	UROLOGY CLINIC	0.248582	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	3.194319	0	90.05
90.06	09006	WOUND CARE CLINIC	0.054036	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.471332	0	90.08
90.09	09010	O/P DENTISTRY	1.558187	0	90.09
91.00	09100	EMERGENCY	0.170695	890,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486540	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
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
200.00		Total (sum of lines 50-94 and 96-98)		4,098,241	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,098,241	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/30/2013 9:21 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
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		1,161,755	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	0.162347	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.094136	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170266	14,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.354654	0	56.00
56.01	05601	ULTRA SOUND	0.131855	1,290	56.01
57.00	05700	CT SCAN	0.056120	11,418	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159911	0	59.00
60.00	06000	LABORATORY	0.127422	51,276	60.00
60.01	06001	BLOOD LABORATORY	0.149570	345	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	0.000000	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	0.156024	35,311	65.00
66.00	06600	PHYSICAL THERAPY	0.342495	768,258	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.591197	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.138276	321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.152181	795	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458294	29,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.272361	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110372	348,840	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.190993	53,579	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
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	0.152151	0	90.00
90.01	09001	A. R. C. CLINIC	0.161881	0	90.01
90.02	09002	CANCER CTR CLINIC	0.761114	0	90.02
90.03	09003	UROLOGY CLINIC	0.248582	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	3.194319	0	90.05
90.06	09006	WOUND CARE CLINIC	0.054036	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.471332	0	90.08
90.09	09010	O/P DENTISTRY	1.558187	0	90.09
91.00	09100	EMERGENCY	0.170695	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486540	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
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
200.00		Total (sum of lines 50-94 and 96-98)		1,315,106	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)		1,315,106	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 9:21 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		26,180,186	1.00
2.00	Outlier payments for discharges. (see instructions)		519,647	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		7,096,043	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		264.09	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)		222.34	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		14.84	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.		-35.30	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)		172.20	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		168.94	10.00
11.00	FTE count for residents in dental and podiatric programs.		13.24	11.00
12.00	Current year allowable FTE (see instructions)		182.18	12.00
13.00	Total allowable FTE count for the prior year.		178.83	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.		184.82	14.00
15.00	Sum of lines 12 through 14 divided by 3.		181.94	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		181.94	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.688932	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.725466	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.688932	21.00
22.00	IME payment adjustment (see instructions)		10,622,837	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		10,622,837	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.29	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		34.50	31.00
32.00	Sum of lines 30 and 31		45.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		26.99	33.00
34.00	Disproportionate share adjustment (see instructions)		7,066,032	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)		44,388,702	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		44,388,702	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,166,939	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).		5,118,402	52.00
53.00	Nursing and Allied Health Managed Care payment		17,465	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).		18,624	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 9:21 am
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			16,766 58.00
59.00	Total (sum of amounts on lines 49 through 58)			52,726,898 59.00
60.00	Primary payer payments			85,736 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			52,641,162 61.00
62.00	Deductibles billed to program beneficiaries			2,548,572 62.00
63.00	Coinsurance billed to program beneficiaries			118,201 63.00
64.00	Allowable bad debts (see instructions)			1,501,037 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,050,726 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,036,433 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			51,025,115 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			18,026 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-60,764 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			50,982,377 71.00
72.00	Interim payments			51,249,221 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)			-266,844 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			3,397,796 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: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 9:21 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		80,821	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,247,759	2.00
3.00	PPS payments		15,293,449	3.00
4.00	Outlier payment (see instructions)		223,494	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00
6.00	Line 2 times line 5		14,815,825	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		11,901	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		80,821	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		370,540	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)		370,540	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)		370,540	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		289,719	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)		80,821	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)		15,528,844	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		94,499	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,366,835	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)		12,148,331	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,796,283	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)		13,944,614	30.00
31.00	Primary payer payments		1,453	31.00
32.00	Subtotal (line 30 minus line 31)		13,943,161	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,218,701	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		853,091	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		943,455	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		14,796,252	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		14,796,252	40.00
41.00	Interim payments		14,274,068	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)		522,184	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 9:21 am
		Title XVIIII	Subprovider - IPF	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)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			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)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 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)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 9:21 am
		Component CCN: 14T182	Title XVIII	Subprovider - IRF
		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)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	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)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140182

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 9:21 am

		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		50,936,644		14,195,884		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/16/2012	57,520	08/16/2012	51,423		3.01
3.02		11/01/2012	255,057	11/01/2012	26,761		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		312,577		78,184		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)		51,249,221		14,274,068		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		522,184		6.01
6.02	SETTLEMENT TO PROGRAM		266,844		0		6.02
7.00	Total Medicare program liability (see instructions)		50,982,377		14,796,252		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: 140182
Component CCN: 14S182

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 9:21 am
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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,656,449		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/16/2012	2,055		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)		-2,055		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,654,394		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		150,639		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,805,033		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140182
Component CCN: 14T182

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 9:21 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,524,170		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/16/2012	31,330		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)		-31,330		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,492,840		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		12,061		0	6.02
7.00	Total Medicare program liability (see instructions)		2,480,779		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140182

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

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2013 9:21 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			14,145 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			14,999 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,117 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			57,276 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,215,633,197 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			47,190,848 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,135,077 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,270,280 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-135,203 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/30/2013 9:21 am
		Component CCN: 14S182	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,897,083	1.00
2.00	Net IPF PPS Outlier Payments		7,758	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)		1.00	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.)		1.00	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)		1.00	8.00
9.00	Average Daily Census (see instructions)		26,745902	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.019084	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		55,288	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,960,129	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)		2,960,129	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,960,129	18.00
19.00	Deductibles		228,816	19.00
20.00	Subtotal (line 18 minus line 19)		2,731,313	20.00
21.00	Coinsurance		48,552	21.00
22.00	Subtotal (line 20 minus line 21)		2,682,761	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		173,475	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		121,433	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		144,715	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,804,194	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)		839	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,805,033	31.00
32.00	Interim payments		2,654,394	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)		150,639	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		7,758	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 9:21 am
		Component CCN: 14T182		
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,234,674 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0533 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			198,987 3.00
4.00	Outlier Payments			82,058 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.93 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.459016 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,515,719 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,515,719 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,515,719 19.00
20.00	Deductibles			16,184 20.00
21.00	Subtotal (line 19 minus line 20)			2,499,535 21.00
22.00	Coinsurance			23,987 22.00
23.00	Subtotal (line 21 minus line 22)			2,475,548 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,869 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,808 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,312 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,480,356 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			423 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,480,779 32.00
33.00	Interim payments			2,492,840 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-12,061 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			82,058 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: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 9:21 am	
		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.			217.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.62	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))			-30.02	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)			175.96	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			171.72	6.00
7.00	Enter the lesser of line 5 or line 6			171.72	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.	86.46	76.75	163.21	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.	86.46	76.75	163.21	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		12.99		10.00
11.00	Total weighted FTE count	86.46	89.74		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	105.55	69.11		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	108.17	69.75		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	100.06	76.20		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	100.06	76.20		17.00
18.00	Per resident amount	125,531.64	118,927.54		18.00
19.00	Approved amount for resident costs	12,560,696	9,062,279	21,622,975	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)			21,622,975	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	20,345	3,117		26.00
27.00	Total Inpatient Days (see instructions)	71,991	71,991		27.00
28.00	Ratio of inpatient days to total inpatient days	0.282605	0.043297		28.00
29.00	Program direct GME amount	6,110,761	936,210		29.00
30.00	Reduction for direct GME payments for Medicare managed care		132,286		30.00
31.00	Net Program direct GME amount			6,914,685	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 9:21 am
		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)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			49,492,391 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)			85,736 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			49,406,655 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			17,340,481 42.00
43.00	Primary payer payments (see instructions)			1,453 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			17,339,028 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			66,745,683 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.740222 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.259778 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			6,914,685 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)			5,118,402 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,796,283 50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140182 Period: From 01/01/2012 To 12/31/2012 Worksheet G Date/Time Prepared: 5/30/2013 9:21 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	33,575,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	76,902,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	17,028,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	127,505,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,340,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	139,540,000	0	0	0	15.00
16.00	Accumulated depreciation	-99,447,000	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	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	57,262,000	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	112,695,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	80,119,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	108,952,000	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	189,071,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	429,271,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,634,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,050,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	51,977,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	92,661,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,510,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,510,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	98,171,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	331,100,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	331,100,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	429,271,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140182

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

Worksheet G-1

Date/Time Prepared:
5/30/2013 9:21 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		276,397,711		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		54,702,289			2.00
3.00	Total (sum of line 1 and line 2)		331,100,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		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)		331,100,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		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)		331,100,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140182

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 9:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	123,753,566		123,753,566	1.00
2.00	SUBPROVIDER - IPF	13,049,463		13,049,463	2.00
3.00	SUBPROVIDER - IRF	8,836,280		8,836,280	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	145,639,309		145,639,309	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	90,640,833		90,640,833	11.00
12.00	CORONARY CARE UNIT	32,172,461		32,172,461	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)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	122,813,294		122,813,294	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	268,452,603		268,452,603	17.00
18.00	Ancillary services	462,231,141	486,969,962	949,201,103	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	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				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				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)	730,683,744	486,969,962	1,217,653,706	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		329,966,394		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		329,966,394		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140182

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

Worksheet G-3

Date/Time Prepared:
5/30/2013 9:21 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,217,653,706	1.00
2.00	Less contractual allowances and discounts on patients' accounts	847,994,766	2.00
3.00	Net patient revenues (line 1 minus line 2)	369,658,940	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	329,966,394	4.00
5.00	Net income from service to patients (line 3 minus line 4)	39,692,546	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	15,009,743	24.00
25.00	Total other income (sum of lines 6-24)	15,009,743	25.00
26.00	Total (line 5 plus line 25)	54,702,289	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	54,702,289	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140182	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 9:21 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,108,979	1.00
2.00	Capital DRG outlier payments		34,050	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		156.49	3.00
4.00	Number of interns & residents (see instructions)		181.94	4.00
5.00	Indirect medical education percentage (see instructions)		38.83	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		818,917	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.29	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		34.50	8.00
9.00	Sum of lines 7 and 8		45.79	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.72	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		204,993	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,166,939	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