

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: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 6/19/2013 11:09 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: 11:48 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 CHILDREN'S HOSPITAL OF WISCONSIN (523300) 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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-140,941	-63,558	0	21,809,313	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-140,941	-63,558	0	21,809,313	200.00

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

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PART I - COST REPORT STATUS

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Encryption Information
ECR: Date: 5/30/2013 Time: 11:48 am
y: GnYEb: gmFzSzAI ThODI hfXsfm8CO
FV0I y0gi .xzJ: NMUgc3Gy4V61pGHci
9: cj 1Zi ovE00FFuR
PI: Date: 5/30/2013 Time: 11:48 am
oqi 3GEI nTVpOn8255xI LbGM1pamOXO
p4YmEOAA0DqQ3sFHOi OZH1MwtpUZU5
L8P00H9WZT0vl 6L7

(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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3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-140,941	-63,558	0	21,809,313	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 523300			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 6/19/2013 11:09 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 9000 W. WISCONSIN AVE			PO Box:						1.00	
2.00	City: MILWAUKEE			State: WI		Zip Code: 53201		County: MILWAUKEE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		CHILDREN'S HOSPITAL OF WISCONSIN	523300	33340	7	01/01/1984	0	T	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Sewing Beds - SNF										7.00
8.00	Sewing 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		RENAL DIALYSIS	522319	33340		01/01/2004				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012		12/31/2012		20.00
21.00	Type of Control (see instructions)						4				21.00
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N		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.		0	0	0	0	0		0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		0	25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 6/19/2013 11:09 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	110.57	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 523300

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

Worksheet S-2
Part I
Date/Time Prepared:
6/19/2013 11:09 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	2.85	61.09	0.044573	65.00
65.01		FAMILY MEDICINE	1350	0.00	4.99	0.000000	65.01
65.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	65.02
65.03		GERIATRIC MEDICINE	1408	0.00	0.00	0.000000	65.03
65.04		INTERNAL MED & Peds	1450	0.00	10.67	0.000000	65.04
				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)			0.83	130.99	0.006296	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	PEDIATRICS	2000	9.01	58.22	0.134018	67.00
67.01		FAMILY MEDICINE	1350	0.00	5.44	0.000000	67.01
67.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.02
67.03		GERIATRIC MEDICINE	1408	0.00	0.00	0.000000	67.03
67.04		INTERNAL MED & Peds	1450	0.81	10.71	0.070313	67.04

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		Y	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		10.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 6/19/2013 11:09 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	158,692	12,000		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		01/01/1984		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 6/19/2013 11:09 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 6/19/2013 11:09 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/30/2013	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.	Y			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			N	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		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	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)	Y	03/01/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part II Date/Time Prepared: 6/19/2013 11:09 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				21.00	
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00	
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00	
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00	
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00	
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00	
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00	
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00	
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00	
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00	
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00	
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00	
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00	
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00	
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00	
						Y/N	Date
						1.00	2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?					36.00	
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00	
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00	
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00	
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00	
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HELEN		REMPER		41.00	
42.00	Enter the employer/company name of the cost report preparer.	CHILDREN'S HOSPITAL OF WISCONSIN				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-266-7653		HREMPER@CHW.ORG		43.00	

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	03/01/2013	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.	SR FINANCIAL ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 6/19/2013 11:09 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: 523300

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

Worksheet S-3
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	157	57,462	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)		157	57,462	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	115	42,090	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE HOT UNIT	35.00	24	8,784	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		296	108,336	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		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	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00 HOSPICE	116.00	0	0		0	24.00
25.00 CMHC - CMHC	99.00				0	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)		296			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	149	9,447	37,658			1.00
2.00 HMO	0	2,200				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	149	9,447	37,658			7.00
8.00 INTENSIVE CARE UNIT	59	11,973	31,783			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE HOT UNIT	7	1,513	6,808			12.00
13.00 NURSERY		0	0			13.00
14.00 Total (see instructions)	215	22,933	76,249	205.46	2,500.47	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 523300

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

Worksheet S-3
Part I
Date/Time Prepared:
6/19/2013 11:09 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	
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				205.46	2,500.47	27.00
28.00	Observation Bed Days		0	0			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	25	3,128	12,507	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
10.01	BURN INTENSIVE CARE UNIT						10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE HOT UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	25	3,128	12,507	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	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	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	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	0.00					24.00
25.00	CMHC - CMHC	0.00					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 RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 523300

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

Worksheet S-5

Date/Time Prepared:
6/19/2013 11:09 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	7	0	0	0	0	9	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	5.00	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	8.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	366	0					5.00
6.00	Number of stations	5	0	0	1			6.00
7.00	Treatment capacity per day per station	2	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
TRANSPLANT INFORMATION								
11.00	Number of patients on transplant list	14						11.00
12.00	Number of patients transplanted during the cost reporting period	10						12.00
EPOETIN								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	25,719						13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0						14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	3,700						15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0						16.00
ARANESP								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0						17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0						18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0						19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0						20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
PHYSICIAN PAYMENT METHOD								
21.00	enter "X" if method(s) is applicable						X	21.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 523300

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

Worksheet A
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		20,872,364	20,872,364	16,552,261	37,424,625	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		19,233,550	19,233,550	769,847	20,003,397	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	0	0	0	5,718,648	5,718,648	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	13,755,950	120,036,753	133,792,703	-40,229,155	93,563,548	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	2,625,169	11,833,723	14,458,892	174,668	14,633,560	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,007,663	1,007,663	0	1,007,663	8.00
9.00 00900 HOUSEKEEPING	2,908,568	2,739,858	5,648,426	0	5,648,426	9.00
10.00 01000 DIETARY	1,500,294	2,489,714	3,990,008	0	3,990,008	10.00
11.00 01100 CAFETERIA	234,103	1,157,321	1,391,424	93,051	1,484,475	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	5,636,793	2,291,765	7,928,558	-170,210	7,758,348	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,374,815	3,850,597	7,225,412	-641,589	6,583,823	14.00
15.00 01500 PHARMACY	7,445,390	25,390,140	32,835,530	-23,044,766	9,790,764	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,295,007	2,347,718	4,642,725	0	4,642,725	16.00
17.00 01700 SOCIAL SERVICE	1,915,268	703,953	2,619,221	-228,082	2,391,139	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	6,192,457	6,192,457	10,482,628	16,675,085	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	8,927,780	8,927,780	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	18,122,947	7,203,110	25,326,057	-1,504,925	23,821,132	30.00
31.00 03100 INTENSIVE CARE UNIT	26,016,748	13,092,427	39,109,175	-2,311,111	36,798,064	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02041 OTHER SPECIAL CARE HOT UNIT	3,920,555	4,644,490	8,565,045	-176,273	8,388,772	35.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,976,529	4,006,413	12,982,942	188,950	13,171,892	50.00
51.00 05100 RECOVERY ROOM	1,689,038	597,962	2,287,000	0	2,287,000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	363,693	1,177,786	1,541,479	-751,595	789,884	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,874,608	6,023,336	11,897,944	-88,950	11,808,994	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	547,002	477,223	1,024,225	0	1,024,225	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	554,359	1,020,588	1,574,947	0	1,574,947	58.00
59.00 05900 CARDIAC CATHETERIZATION	565,796	1,724,734	2,290,530	0	2,290,530	59.00
60.00 06000 LABORATORY	5,648,427	13,794,821	19,443,248	330,510	19,773,758	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	6,098,754	6,098,754	0	6,098,754	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	4,886,232	4,242,438	9,128,670	-2,331,781	6,796,889	65.00
66.00 06600 PHYSICAL THERAPY	2,024,322	936,178	2,960,500	-52,868	2,907,632	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,965,522	1,056,300	3,021,822	41,357	3,063,179	68.00
69.00 06900 ELECTROCARDIOLOGY	2,413,058	2,818,033	5,231,091	315,203	5,546,294	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	637,568	382,198	1,019,766	63,848	1,083,614	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,532,004	11,532,004	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,088,304	14,088,304	0	14,088,304	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	23,048,973	23,048,973	73.00
74.00 07400 RENAL DIALYSIS	174,152	231,124	405,276	29,632	434,908	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ID PRIM CARE SUPP NETWORK	323,951	123,360	447,311	79,484	526,795	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.02	09002	PAIN/PALLIATIVE CARE	451,966	150,397	602,363	0	602,363	90.02
90.03	09003	DIABETIC CLINIC	480,958	194,268	675,226	32,284	707,510	90.03
90.04	09004	GI CLINIC	1,178,063	406,005	1,584,068	333,126	1,917,194	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	412,584	228,961	641,545	11,039	652,584	90.05
90.06	09006	DIETETICS	1,308,637	397,020	1,705,657	-23,562	1,682,095	90.06
90.07	09007	INFUSION ROOM	277,869	118,993	396,862	0	396,862	90.07
90.08	09008	CARDIOLOGY CLINIC	897,064	406,340	1,303,404	-21,590	1,281,814	90.08
90.09	09009	PULMONARY CLINIC	379,144	157,266	536,410	25,596	562,006	90.09
90.10	09010	ENT CLINIC	634,195	233,663	867,858	111,482	979,340	90.10
90.11	09011	ORTHOPEDIC CLINIC	577,446	267,415	844,861	-54,377	790,484	90.11
90.12	09012	EYE CLINIC	182,023	72,978	255,001	48,248	303,249	90.12
90.13	09013	ONCOLOGY CLINIC	1,365,974	679,025	2,044,999	-254,606	1,790,393	90.13
90.14	09014	SURGICAL SPECIALTIES	842,443	342,493	1,184,936	56,626	1,241,562	90.14
90.15	09015	ALLERGY CLINIC	758,358	395,592	1,153,950	237,565	1,391,515	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	393,840	222,458	616,298	61,284	677,582	90.17
90.18	09018	CLINIC ADMINISTRATION	931,335	296,743	1,228,078	-1,228,078	0	90.18
90.19	09019	CRANIOFACIAL CENTER	132,474	57,302	189,776	9,028	198,804	90.19
90.20	09020	HEMATOLOGY CLINIC	293,103	88,602	381,705	0	381,705	90.20
90.21	09021	SPINA BIFIDA	113,259	37,729	150,988	29,840	180,828	90.21
90.22	09022	NEUROSCIENCES CLINIC	961,533	307,526	1,269,059	78,244	1,347,303	90.22
90.23	09023	RHEUMATOLOGY CLINIC	192,417	67,116	259,533	91,063	350,596	90.23
90.24	09024	ENDOCRINE CLINIC	123,726	43,914	167,640	127,784	295,424	90.24
90.25	09025	RENAL CLINIC	235,071	72,612	307,683	14,981	322,664	90.25
90.26	09026	GREENWAY CLINIC	477,303	698,357	1,175,660	-285,888	889,772	90.26
90.27	09027	NEW BERLIN CLINIC	1,138,626	3,228,441	4,367,067	0	4,367,067	90.27
91.00	09100	EMERGENCY	5,543,462	2,849,603	8,393,065	-849,345	7,543,720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	18,628	126,473	145,101	34,029	179,130	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	1,419,005	471,379	1,890,384	198,292	2,088,676	98.00
98.01	05951	TRANSPORT	1,964,022	2,430,342	4,394,364	-119,009	4,275,355	98.01
98.02	05952	GENETICS CENTER	685,277	328,461	1,013,738	61,033	1,074,771	98.02
98.03	05953	NUCLEAR MEDICINE	218,472	535,818	754,290	0	754,290	98.03
98.04	05954	CHILD DEVELOPMENT	84,549	353,396	437,945	17,083	455,028	98.04
98.05	05955	CHILD PROTECTION CENTER	927,023	767,050	1,694,073	174,441	1,868,514	98.05
98.06	05956	DENTAL SRVC	2,460,151	1,255,481	3,715,632	-200,656	3,514,976	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	20,589	321,373	341,962	0	341,962	105.00
106.00	10600	HEART ACQUISITION	217,054	1,370,214	1,587,268	0	1,587,268	106.00
107.00	10700	LIVER ACQUISITION	19,101	134,452	153,553	0	153,553	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	14,334,869	14,334,869	-14,334,869	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	226,546	226,546	-226,546	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	154,712,608	338,563,828	493,276,436	-9,027,919	484,248,517	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	205,261	205,261	0	205,261	190.00
191.00	19100	RESEARCH	1,297,587	1,423,346	2,720,933	3,603,654	6,324,587	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	13,375	280,713	294,088	0	294,088	194.00
194.01	07951	POISON CENTER	1,284,817	575,964	1,860,781	0	1,860,781	194.01
194.02	07952	PUBLIC RELATIONS	0	116,896	116,896	2,318,918	2,435,814	194.02
194.03	07953	OUTREACH	249,541	97,139	346,680	1,153,924	1,500,604	194.03
194.04	07954	OTHER OFFSITE CLINICS	365,179	448,639	813,818	1,603,353	2,417,171	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	240,950	81,302	322,252	253,466	575,718	194.05
194.06	07956	EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	07957	NORTH SHORE CLINIC	13,040	11,214	24,254	-476	23,778	194.07
194.08	07958	ADOLESCENT MEDICINE	78,201	30,568	108,769	95,080	203,849	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 523300

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

Worksheet A
Date/Time Prepared:
6/19/2013 11:09 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	
200.00	TOTAL (SUM OF LINES 118-199)	158,255,298	341,834,870	500,090,168	0	500,090,168	200.00
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation				
		6.00	7.00				
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT	-12,525,374	24,899,251				1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	105,865	20,109,262				2.00
3.00	00300 OTHER CAP REL COSTS	0	0				3.00
4.00	00400 EMPLOYEE BENEFITS	0	5,718,648				4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-6,829,830	86,733,718				5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	-118,103	14,515,457				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-7,975	999,688				8.00
9.00	00900 HOUSEKEEPING	0	5,648,426				9.00
10.00	01000 DIETARY	-1,400,891	2,589,117				10.00
11.00	01100 CAFETERIA	-1,271,980	212,495				11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300 NURSING ADMINISTRATION	-122,168	7,636,180				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	6,583,823				14.00
15.00	01500 PHARMACY	-1,812,183	7,978,581				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-41,312	4,601,413				16.00
17.00	01700 SOCIAL SERVICE	-625	2,390,514				17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000 NURSING SCHOOL	0	0				20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	16,675,085				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-4,597,110	4,330,670				22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	-46,097	23,775,035				30.00
31.00	03100 INTENSIVE CARE UNIT	-413,795	36,384,269				31.00
32.00	03200 CORONARY CARE UNIT	0	0				32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0	0				33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0				34.00
35.00	02041 OTHER SPECIAL CARE HOT UNIT	-166,982	8,221,790				35.00
40.00	04000 SUBPROVIDER - I PF	0	0				40.00
41.00	04100 SUBPROVIDER - I RF	0	0				41.00
42.00	04200 SUBPROVIDER	0	0				42.00
43.00	04300 NURSERY	0	0				43.00
44.00	04400 SKILLED NURSING FACILITY	0	0				44.00
45.00	04500 NURSING FACILITY	0	0				45.00
46.00	04600 OTHER LONG TERM CARE	0	0				46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	-263,942	12,907,950				50.00
51.00	05100 RECOVERY ROOM	0	2,287,000				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300 ANESTHESIOLOGY	-9,591	780,293				53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-80,231	11,728,763				54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600 RADIOISOTOPE	0	0				56.00
57.00	05700 CT SCAN	0	1,024,225				57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,574,947				58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,290,530				59.00
60.00	06000 LABORATORY	-214,438	19,559,320				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	6,098,754				63.00
64.00	06400 INTRAVENOUS THERAPY	0	0				64.00
65.00	06500 RESPIRATORY THERAPY	-86,371	6,710,518				65.00
66.00	06600 PHYSICAL THERAPY	0	2,907,632				66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800 SPEECH PATHOLOGY	0	3,063,179				68.00
69.00	06900 ELECTROCARDIOLOGY	-160,417	5,385,877				69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,083,614				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,532,004				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,088,304				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,048,973				73.00
74.00	07400 RENAL DIALYSIS	-8,781	426,127				74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0				75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 523300

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

Worksheet A
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	-19,883	506,912	90.01
90.02	09002	PAIN/PALLIATIVE CARE	-48,186	554,177	90.02
90.03	09003	DIABETIC CLINIC	0	707,510	90.03
90.04	09004	GI CLINIC	-88,196	1,828,998	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	652,584	90.05
90.06	09006	DIETETICS	0	1,682,095	90.06
90.07	09007	INFUSION ROOM	0	396,862	90.07
90.08	09008	CARDIOLOGY CLINIC	0	1,281,814	90.08
90.09	09009	PULMONARY CLINIC	-11,546	550,460	90.09
90.10	09010	ENT CLINIC	0	979,340	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	790,484	90.11
90.12	09012	EYE CLINIC	-63,682	239,567	90.12
90.13	09013	ONCOLOGY CLINIC	0	1,790,393	90.13
90.14	09014	SURGICAL SPECIALTIES	0	1,241,562	90.14
90.15	09015	ALLERGY CLINIC	-320,887	1,070,628	90.15
90.16	09016	LASER CLINIC	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	-600	676,982	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	198,804	90.19
90.20	09020	HEMATOLOGY CLINIC	0	381,705	90.20
90.21	09021	SPINA BIFIDA	0	180,828	90.21
90.22	09022	NEUROSCIENCES CLINIC	-86,554	1,260,749	90.22
90.23	09023	RHEUMATOLOGY CLINIC	-26,950	323,646	90.23
90.24	09024	ENDOCRINE CLINIC	-41,082	254,342	90.24
90.25	09025	RENAL CLINIC	-86,062	236,602	90.25
90.26	09026	GREENWAY CLINIC	-85,709	804,063	90.26
90.27	09027	NEW BERLIN CLINIC	0	4,367,067	90.27
91.00	09100	EMERGENCY	-60,339	7,483,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	179,130	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	-59,837	2,028,839	98.00
98.01	05951	TRANSPORT	-1,900	4,273,455	98.01
98.02	05952	GENETICS CENTER	-19,061	1,055,710	98.02
98.03	05953	NUCLEAR MEDICINE	0	754,290	98.03
98.04	05954	CHILD DEVELOPMENT	-8,585	446,443	98.04
98.05	05955	CHILD PROTECTION CENTER	-59,589	1,808,925	98.05
98.06	05956	DENTAL SRVC	0	3,514,976	98.06
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	341,962	105.00
106.00	10600	HEART ACQUISITION	-58,001	1,529,267	106.00
107.00	10700	LIVER ACQUISITION	0	153,553	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-31,218,980	453,029,537	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	205,261	190.00
191.00	19100	RESEARCH	-142,860	6,181,727	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	294,088	194.00
194.01	07951	POISON CENTER	-569,311	1,291,470	194.01
194.02	07952	PUBLIC RELATIONS	0	2,435,814	194.02
194.03	07953	OUTREACH	-164,591	1,336,013	194.03
194.04	07954	OTHER OFFSITE CLINICS	-23,710	2,393,461	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	575,718	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 6/19/2013 11:09 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.06	07956 EAST SIDE SPEECH AND HEARING	6.00	7.00	194.06
194.07	07957 NORTH SHORE CLINIC	-23,778	0	194.07
194.08	07958 ADOLESCENT MEDICINE	0	203,849	194.08
200.00	TOTAL (SUM OF LINES 118-199)	-32,143,230	467,946,938	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 6/19/2013 11:09 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
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
18.00	OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
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
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
33.01	BURN INTENSIVE CARE UNIT	03301		33.01
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.00	OTHER SPECIAL CARE HOT UNIT	02041		35.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - I RF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
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
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
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
OUTPATIENT SERVICE COST CENTERS				
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	ID PRIM CARE SUPP NETWORK	09001		90.01

COST CENTERS USED IN COST REPORT		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 6/19/2013 11:09 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.02	PAIN/PALLIATIVE CARE	09002		90.02
90.03	DIABETIC CLINIC	09003		90.03
90.04	GI CLINIC	09004		90.04
90.05	CLINIC FOR SPECIAL NEEDS	09005		90.05
90.06	DIETETICS	09006		90.06
90.07	INFUSION ROOM	09007		90.07
90.08	CARDIOLOGY CLINIC	09008		90.08
90.09	PULMONARY CLINIC	09009		90.09
90.10	ENT CLINIC	09010		90.10
90.11	ORTHOPEDIC CLINIC	09011		90.11
90.12	EYE CLINIC	09012		90.12
90.13	ONCOLOGY CLINIC	09013		90.13
90.14	SURGICAL SPECIALTIES	09014		90.14
90.15	ALLERGY CLINIC	09015		90.15
90.16	LASER CLINIC	09016		90.16
90.17	DERMATOLOGY CLINIC	09017		90.17
90.18	CLINIC ADMINISTRATION	09018		90.18
90.19	CRANIOFACIAL CENTER	09019		90.19
90.20	HEMATOLOGY CLINIC	09020		90.20
90.21	SPIINA BIFIDA	09021		90.21
90.22	NEUROSCIENCES CLINIC	09022		90.22
90.23	RHEUMATOLOGY CLINIC	09023		90.23
90.24	ENDOCRINE CLINIC	09024		90.24
90.25	RENAL CLINIC	09025		90.25
90.26	GREENWAY CLINIC	09026		90.26
90.27	NEW BERLIN CLINIC	09027		90.27
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	PSYCHIATRY - OFFICE BLDG	05950		98.00
98.01	TRANSPORT	05951		98.01
98.02	GENETICS CENTER	05952		98.02
98.03	NUCLEAR MEDICINE	05953		98.03
98.04	CHILD DEVELOPMENT	05954		98.04
98.05	CHILD PROTECTION CENTER	05955		98.05
98.06	DENTAL SRVC	05956		98.06
99.00	CMHC	09900		99.00
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				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
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
116.00	HOSPICE	11600		116.00
117.00	OTHER CAPITAL RELATED COSTS	06950		117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	DOWNTOWN HEALTH CENTER	07950		194.00
194.01	POISON CENTER	07951		194.01
194.02	PUBLIC RELATIONS	07952		194.02
194.03	OUTREACH	07953		194.03
194.04	OTHER OFFSITE CLINICS	07954		194.04
194.05	CHILDREN'S SPECIALTY GROUP	07955		194.05
194.06	EAST SIDE SPEECH AND HEARING	07956		194.06
194.07	NORTH SHORE CLINIC	07957		194.07
194.08	ADOLESCENT MEDICINE	07958		194.08

COST CENTERS USED IN COST REPORT		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 6/19/2013 11:09 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
6/19/2013 11:09 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	166,019	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	60,527	2.00
3.00		0.00	0	0	3.00
TOTALS			0	226,546	
B - RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,285,408	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	49,461	2.00
TOTALS			0	14,334,869	
C - RECLASS MALPRACTICE INSURANCE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	477,594	1.00
TOTALS			0	477,594	
D - RECLASS DENTAL I&R FROM A&G					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	293,114	82,029	1.00
TOTALS			293,114	82,029	
E - RECLASS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,044,766	1.00
TOTALS			0	23,044,766	
F - RECLASS MED SUPP CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	641,589	1.00
TOTALS			0	641,589	
G - RECLASS RENTAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,002,624	1.00
TOTALS			0	2,002,624	
H - RECLASS EQUIPMENT RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	758,069	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
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
TOTALS			0	758,069	
J - RECLASS MCW PURCHASED SERVICES					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8,450,186	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	134,378	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	702,056	3.00
4.00	OTHER SPECIAL CARE HOT UNIT	35.00	0	240,603	4.00
5.00	OPERATING ROOM	50.00	0	1,177,154	5.00
6.00	ANESTHESIOLOGY	53.00	0	189,866	6.00
7.00	LABORATORY	60.00	0	330,510	7.00
8.00	RESPIRATORY THERAPY	65.00	0	138,796	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	315,203	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,597	10.00
11.00	RENAL DIALYSIS	74.00	0	25,545	11.00
12.00	PSYCHIATRY - OFFICE BLDG	98.00	0	106,681	12.00
13.00	GENETICS CENTER	98.02	0	38,139	13.00
14.00	CHILD PROTECTION CENTER	98.05	0	90,323	14.00
15.00	ID PRIM CARE SUPP NETWORK	90.01	0	58,007	15.00
16.00	GI CLINIC	90.04	0	256,546	16.00
17.00	ADOLESCENT MEDICINE	194.08	0	89,868	17.00
18.00	ENT CLINIC	90.10	0	109,415	18.00
19.00	EYE CLINIC	90.12	0	36,049	19.00
20.00	ALLERGY CLINIC	90.15	0	183,537	20.00
21.00	DERMATOLOGY CLINIC	90.17	0	33,157	21.00
22.00	SPI NABI FIDA	90.21	0	29,321	22.00
23.00	NEUROSCIENCES CLINIC	90.22	0	16,597	23.00
24.00	RHEUMATOLOGY CLINIC	90.23	0	78,526	24.00
25.00	ENDOCRINE CLINIC	90.24	0	119,696	25.00
26.00	EMERGENCY	91.00	0	174,187	26.00
27.00	RESEARCH	191.00	0	23,243	27.00
28.00		0.00	0	0	28.00
TOTALS			0	13,164,186	

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
6/19/2013 11:09 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
K - RECLASS IRIS FELLOWS SAL&BEN					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,639,485	1.00
	TOTALS		0	4,639,485	
M - RECLASS DEPRECIATION FOR A&E FEES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	98,210	1.00
	TOTALS		0	98,210	
O - RECLASS SOCIAL SERVICES EXPENSES					
1.00	ADMINISTRATIVE & GENERAL	5.00	128,840	81,904	1.00
	TOTALS		128,840	81,904	
P - RECLASS SAL & BEN TO RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	9,264	3,108	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	21,360	7,168	2.00
	TOTALS		30,624	10,276	
Q - RECLASS CHHS SALARY TO OTHER EXP					
1.00	EMPLOYEE BENEFITS	4.00	2,539,938	3,178,710	1.00
2.00	OPERATION OF PLANT	7.00	0	174,668	2.00
3.00	CAFETERIA	11.00	0	93,051	3.00
4.00	PUBLIC RELATIONS	194.02	918,257	1,400,661	4.00
5.00	OUTREACH	194.03	663,132	484,203	5.00
6.00	RESEARCH	191.00	24,950	3,337,341	6.00
7.00	OTHER OFFSITE CLINICS	194.04	1,018,461	585,046	7.00
8.00	CHILDREN'S SPECIALTY GROUP	194.05	199,321	54,145	8.00
	TOTALS		5,364,059	9,307,825	
R - RECLASS AMBULATORY ADMINISTRATION					
1.00	PHYSICAL THERAPY	66.00	85,637	20,858	1.00
2.00	SPEECH PATHOLOGY	68.00	74,419	16,811	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	33,594	13,657	3.00
4.00	RENAL DIALYSIS	74.00	9,177	8,257	4.00
5.00	PSYCHIATRY - OFFICE BLDG	98.00	74,768	16,843	5.00
6.00	GENETICS CENTER	98.02	36,107	11,737	6.00
7.00	CHILD DEVELOPMENT	98.04	4,455	12,628	7.00
8.00	CHILD PROTECTION CENTER	98.05	56,709	27,409	8.00
9.00	DENTAL SRVC	98.06	129,626	44,861	9.00
10.00	ID PRIM CARE SUPP NETWORK	90.01	17,069	4,408	10.00
11.00	DIABETIC CLINIC	90.03	25,342	6,942	11.00
12.00	GI CLINIC	90.04	62,073	14,507	12.00
13.00	CLINIC FOR SPECIAL NEEDS	90.05	21,739	8,181	13.00
14.00	PULMONARY CLINIC	90.09	19,977	5,619	14.00
15.00	ADOLESCENT MEDICINE	194.08	4,120	1,092	15.00
16.00	ENT CLINIC	90.10	33,416	8,349	16.00
17.00	ORTHOPEDIC CLINIC	90.11	30,426	9,555	17.00
18.00	EYE CLINIC	90.12	9,591	2,608	18.00
19.00	SURGICAL SPECIALTIES	90.14	20,374	5,269	19.00
20.00	SURGICAL SPECIALTIES	90.14	24,014	6,969	20.00
21.00	ALLERGY CLINIC	90.15	39,958	14,070	21.00
23.00	DERMATOLOGY CLINIC	90.17	20,752	8,017	23.00
24.00	CRANIOFACIAL CENTER	90.19	6,980	2,048	24.00
25.00	SPINA BIFIDA	90.21	3,899	749	25.00
26.00	SPINA BIFIDA	90.21	2,069	599	26.00
27.00	NEUROSCIENCES CLINIC	90.22	50,661	10,986	27.00
28.00	RHEUMATOLOGY CLINIC	90.23	10,139	2,398	28.00
29.00	ENDOCRINE CLINIC	90.24	6,519	1,569	29.00
30.00	RENAL CLINIC	90.25	12,386	2,595	30.00
31.00	HOME PROGRAM DIALYSIS	94.00	982	4,519	31.00
32.00	OUTREACH	194.03	2,804	573	32.00
33.00	OUTREACH	194.03	1,553	1,659	33.00
34.00	NORTH SHORE CLINIC	194.07	0	401	34.00
36.00		0.00	0	0	36.00
	TOTALS		931,335	296,743	
S - RECLASS SUPPLY EX CHARGED TP PTS					
1.00		0.00	0	0	1.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,040,464	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

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6

Date/Time Prepared:
6/19/2013 11:09 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00		0.00	0	0	19.00
	TOTALS		0	11,040,464	
T - RECLASS COST OF EPOM TO DIALYSIS					
1.00		0.00	0	0	1.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,719	8.00
	TOTALS		0	25,719	
W - RECLASS RESEARCH GRANT EXPENSES					
1.00		0.00	0	0	1.00
25.00		0.00	0	0	25.00
26.00	RESEARCH	191.00	185	18,900	26.00
27.00		0.00	0	0	27.00
28.00	RESEARCH	191.00	7,195	2,593	28.00
29.00	RESEARCH	191.00	4,043	3,192	29.00
30.00		0.00	0	0	30.00
31.00	RESEARCH	191.00	0	170,210	31.00
32.00	RESEARCH	191.00	8,414	3,388	32.00
	TOTALS		19,837	198,283	
Y - RECLASS MEDICAL COLLEGE TAX REFUND					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,468,000	1.00
	TOTALS		0	5,468,000	
500.00	Grand Total: Increases		6,767,809	85,899,181	500.00

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
6/19/2013 11:09 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS INSURANCE EXPENSE							
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	12		2.00
3.00	OTHER CAPITAL RELATED COSTS	117.00	0	226,546	0		3.00
	TOTALS		0	226,546			
B - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	14,334,869	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	14,334,869			
C - RECLASS MALPRACTICE INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	477,594	0		1.00
	TOTALS		0	477,594			
D - RECLASS DENTAL I&R FROM A&G							
1.00	DENTAL SRVC	98.06	293,114	82,029	0		1.00
	TOTALS		293,114	82,029			
E - RECLASS DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	23,044,766	0		1.00
	TOTALS		0	23,044,766			
F - RECLASS MED SUPP CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	641,589	0		1.00
	TOTALS		0	641,589			
G - RECLASS RENTAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,002,624	9		1.00
	TOTALS		0	2,002,624			
H - RECLASS EQUIPMENT RENTAL COSTS							
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	16,126	0		2.00
3.00	OPERATING ROOM	50.00	0	3,483	0		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	150,049	0		4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,512	0		5.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	88,950	0		7.00
8.00	GENETICS CENTER	98.02	0	24,950	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	5,248	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	159,363	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	1,469	0		11.00
12.00	GREENWAY CLINIC	90.26	0	285,888	0		12.00
13.00	OTHER OFFSITE CLINICS	194.04	0	154	0		13.00
14.00	NORTH SHORE CLINIC	194.07	0	877	0		14.00
	TOTALS		0	758,069			
J - RECLASS MCW PURCHASED SERVICES							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	0	13,164,186	0		28.00
	TOTALS		0	13,164,186			
K - RECLASS IRIS FELLOWS SAL&BEN							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,639,485	0		1.00
	TOTALS		0	4,639,485			

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
6/19/2013 11:09 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
M - RECLASS DEPRECIATION FOR A&E FEES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	98,210	9	1.00
	TOTALS		0	98,210		
O - RECLASS SOCIAL SERVICES EXPENSES						
1.00	SOCIAL SERVICE	17.00	128,840	81,904	0	1.00
	TOTALS		128,840	81,904		
P - RECLASS SAL & BEN TO RENAL DIALYSIS						
1.00	SOCIAL SERVICE	17.00	12,981	4,357	0	1.00
2.00	DIETETICS	90.06	17,643	5,919	0	2.00
	TOTALS		30,624	10,276		
Q - RECLASS CHHS SALARY TO OTHER EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	5,364,059	9,307,825	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		5,364,059	9,307,825		
R - RECLASS AMBULATORY ADMINISTRATION						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
36.00	CLINIC ADMINISTRATION	90.18	931,335	296,743	0	36.00
	TOTALS		931,335	296,743		
S - RECLASS SUPPLY EX CHARGED TP PTS						
1.00		0.00	0	0	0	1.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,639,303	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	3,011,698	0	9.00
10.00	OPERATING ROOM	50.00	0	984,721	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	941,461	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	2,465,329	0	12.00
13.00	SPEECH PATHOLOGY	68.00	0	49,873	0	13.00
14.00	TRANSPORT	98.01	0	119,009	0	14.00
15.00	ENT CLINIC	90.10	0	39,698	0	15.00
16.00	ORTHOPEDIC CLINIC	90.11	0	94,358	0	16.00
17.00	ONCOLOGY CLINIC	90.13	0	254,606	0	17.00
18.00	EMERGENCY	91.00	0	1,023,532	0	18.00
19.00	OTHER SPECIAL CARE HOT UNIT	35.00	0	416,876	0	19.00
	TOTALS		0	11,040,464		

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6

Date/Time Prepared:
6/19/2013 11:09 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
T - RECLASS COST OF EPOM TO DIALYSIS						
1.00		0.00	0	0	0	1.00
8.00	RENAL DIALYSIS	74.00	0	25,719	0	8.00
	TOTALS		0	25,719		
W - RECLASS RESEARCH GRANT EXPENSES						
1.00		0.00	0	0	0	1.00
25.00	DERMATOLOGY CLINIC	90.17	185	0	0	25.00
26.00	CLINIC FOR SPECIAL NEEDS	90.05	0	18,881	0	26.00
27.00	DERMATOLOGY CLINIC	90.17	0	19	0	27.00
28.00	CARDIOLOGY CLINIC	90.08	7,195	2,593	0	28.00
29.00	SPI NA BIFI DA	90.21	3,799	2,998	0	29.00
30.00	DERMATOLOGY CLINIC	90.17	244	194	0	30.00
31.00	NURSING ADMINISTRATION	13.00	0	170,210	0	31.00
32.00	CARDIOLOGY CLINIC	90.08	8,414	3,388	0	32.00
	TOTALS		19,837	198,283		
Y - RECLASS MEDICAL COLLEGE TAX REFUND						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,468,000	0	1.00
	TOTALS		0	5,468,000		
500.00	Grand Total: Decreases		6,767,809	85,899,181		500.00

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/19/2013 11:09 am

Increases			Decreases				
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
A - RECLASS INSURANCE EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0		0.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	2.00
3.00		0.00	0	OTHER CAPITAL RELATED COSTS	117.00	0	3.00
	TOTALS		0	TOTALS		0	
B - RECLASS INTEREST EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
C - RECLASS MALPRACTICE INSURANCE							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		0	TOTALS		0	
D - RECLASS DENTAL I&R FROM A&G							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	293,114	DENTAL SRVC	98.06	293,114	1.00
	TOTALS		293,114	TOTALS		293,114	
E - RECLASS DRUGS CHARGED TO PATIENTS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0	1.00
	TOTALS		0	TOTALS		0	
F - RECLASS MED SUPP CHARGED TO PATIENTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
	TOTALS		0	TOTALS		0	
G - RECLASS RENTAL COSTS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		0	TOTALS		0	
H - RECLASS EQUIPMENT RENTAL COSTS							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	1.00
2.00		0.00	0	ADMINISTRATIVE & GENERAL	5.00	0	2.00
3.00		0.00	0	OPERATING ROOM	50.00	0	3.00
4.00		0.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4.00
5.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0	5.00
7.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	7.00
8.00		0.00	0	GENETICS CENTER	98.02	0	8.00
9.00		0.00	0	RESPIRATORY THERAPY	65.00	0	9.00
10.00		0.00	0	PHYSICAL THERAPY	66.00	0	10.00
11.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	11.00
12.00		0.00	0	GREENWAY CLINIC	90.26	0	12.00
13.00		0.00	0	OTHER OFFSITE CLINICS	194.04	0	13.00
14.00		0.00	0	NORTH SHORE CLINIC	194.07	0	14.00
	TOTALS		0	TOTALS		0	
J - RECLASS MCW PURCHASED SERVICES							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0		0.00	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0		0.00	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0		0.00	0	3.00
4.00	OTHER SPECIAL CARE HOT UNIT	35.00	0		0.00	0	4.00
5.00	OPERATING ROOM	50.00	0		0.00	0	5.00
6.00	ANESTHESIOLOGY	53.00	0		0.00	0	6.00
7.00	LABORATORY	60.00	0		0.00	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0		0.00	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	0		0.00	0	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0		0.00	0	10.00
11.00	RENAL DIALYSIS	74.00	0		0.00	0	11.00
12.00	PSYCHIATRY - OFFICE BLDG	98.00	0		0.00	0	12.00
13.00	GENETICS CENTER	98.02	0		0.00	0	13.00
14.00	CHILD PROTECTION CENTER	98.05	0		0.00	0	14.00
15.00	ID PRIM CARE SUPP NETWORK	90.01	0		0.00	0	15.00
16.00	GI CLINIC	90.04	0		0.00	0	16.00
17.00	ADOLESCENT MEDICINE	194.08	0		0.00	0	17.00
18.00	ENT CLINIC	90.10	0		0.00	0	18.00
19.00	EYE CLINIC	90.12	0		0.00	0	19.00
20.00	ALLERGY CLINIC	90.15	0		0.00	0	20.00
21.00	DERMATOLOGY CLINIC	90.17	0		0.00	0	21.00
22.00	SPINA BIFIDA	90.21	0		0.00	0	22.00
23.00	NEUROSCIENCES CLINIC	90.22	0		0.00	0	23.00
24.00	RHEUMATOLOGY CLINIC	90.23	0		0.00	0	24.00
25.00	ENDOCRINE CLINIC	90.24	0		0.00	0	25.00
26.00	EMERGENCY	91.00	0		0.00	0	26.00
27.00	RESEARCH	191.00	0		0.00	0	27.00
28.00		0.00	0	ADMINISTRATIVE & GENERAL	5.00	0	28.00
	TOTALS		0	TOTALS		0	

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/19/2013 11:09 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
K - RECLASS IRIS FELLOWS SAL&BEN						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		TOTALS		0	
M - RECLASS DEPRECIATION FOR A&E FEES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1.00
	TOTALS		TOTALS		0	
O - RECLASS SOCIAL SERVICES EXPENSES						
1.00	ADMINISTRATIVE & GENERAL	5.00	SOCIAL SERVICE	17.00	128,840	1.00
	TOTALS	128,840	TOTALS		128,840	
P - RECLASS SAL & BEN TO RENAL DIALYSIS						
1.00	RENAL DIALYSIS	74.00	SOCIAL SERVICE	17.00	12,981	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	DIETETICS	90.06	17,643	2.00
	TOTALS	30,624	TOTALS		30,624	
Q - RECLASS CHHS SALARY TO OTHER EXP						
1.00	EMPLOYEE BENEFITS	4.00	ADMINISTRATIVE & GENERAL	5.00	5,364,059	1.00
2.00	OPERATION OF PLANT	7.00		0.00	0	2.00
3.00	CAFETERIA	11.00		0.00	0	3.00
4.00	PUBLIC RELATIONS	194.02		0.00	0	4.00
5.00	OUTREACH	194.03		0.00	0	5.00
6.00	RESEARCH	191.00		0.00	0	6.00
7.00	OTHER OFFSITE CLINICS	194.04		0.00	0	7.00
8.00	CHILDREN'S SPECIALTY GROUP	194.05		0.00	0	8.00
	TOTALS	5,364,059	TOTALS		5,364,059	
R - RECLASS AMBULATORY ADMINISTRATION						
1.00	PHYSICAL THERAPY	66.00		0.00	0	1.00
2.00	SPEECH PATHOLOGY	68.00		0.00	0	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00		0.00	0	3.00
4.00	RENAL DIALYSIS	74.00		0.00	0	4.00
5.00	PSYCHIATRY - OFFICE BLDG	98.00		0.00	0	5.00
6.00	GENETICS CENTER	98.02		0.00	0	6.00
7.00	CHILD DEVELOPMENT	98.04		0.00	0	7.00
8.00	CHILD PROTECTION CENTER	98.05		0.00	0	8.00
9.00	DENTAL SRVC	98.06		0.00	0	9.00
10.00	ID PRIM CARE SUPP NETWORK	90.01		0.00	0	10.00
11.00	DIABETIC CLINIC	90.03		0.00	0	11.00
12.00	GI CLINIC	90.04		0.00	0	12.00
13.00	CLINIC FOR SPECIAL NEEDS	90.05		0.00	0	13.00
14.00	PULMONARY CLINIC	90.09		0.00	0	14.00
15.00	ADOLESCENT MEDICINE	194.08		0.00	0	15.00
16.00	ENT CLINIC	90.10		0.00	0	16.00
17.00	ORTHOPEDIC CLINIC	90.11		0.00	0	17.00
18.00	EYE CLINIC	90.12		0.00	0	18.00
19.00	SURGICAL SPECIALTIES	90.14		0.00	0	19.00
20.00	SURGICAL SPECIALTIES	90.14		0.00	0	20.00
21.00	ALLERGY CLINIC	90.15		0.00	0	21.00
23.00	DERMATOLOGY CLINIC	90.17		0.00	0	23.00
24.00	CRANIOFACIAL CENTER	90.19		0.00	0	24.00
25.00	SPINA BIFIDA	90.21		0.00	0	25.00
26.00	SPINA BIFIDA	90.21		0.00	0	26.00
27.00	NEUROSCIENCES CLINIC	90.22		0.00	0	27.00
28.00	RHEUMATOLOGY CLINIC	90.23		0.00	0	28.00
29.00	ENDOCRINE CLINIC	90.24		0.00	0	29.00
30.00	RENAL CLINIC	90.25		0.00	0	30.00
31.00	HOME PROGRAM DIALYSIS	94.00		0.00	0	31.00
32.00	OUTREACH	194.03		0.00	0	32.00
33.00	OUTREACH	194.03		0.00	0	33.00
34.00	NORTH SHORE CLINIC	194.07		0.00	0	34.00
36.00		0.00	CLINIC ADMINISTRATION	90.18	931,335	36.00
	TOTALS	931,335	TOTALS		931,335	
S - RECLASS SUPPLY EX CHARGED TP PTS						
1.00		0.00		0.00	0	1.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	ADULTS & PEDIATRICS	30.00	0	8.00
9.00		0.00	INTENSIVE CARE UNIT	31.00	0	9.00
10.00		0.00	OPERATING ROOM	50.00	0	10.00
11.00		0.00	ANESTHESIOLOGY	53.00	0	11.00
12.00		0.00	RESPIRATORY THERAPY	65.00	0	12.00
13.00		0.00	SPEECH PATHOLOGY	68.00	0	13.00
14.00		0.00	TRANSPORT	98.01	0	14.00
15.00		0.00	ENT CLINIC	90.10	0	15.00
16.00		0.00	ORTHOPEDIC CLINIC	90.11	0	16.00
17.00		0.00	ONCOLOGY CLINIC	90.13	0	17.00
18.00		0.00	EMERGENCY	91.00	0	18.00

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/19/2013 11:09 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
19.00		0.00		OTHER SPECIAL CARE HOT UNIT	35.00	0	19.00
	TOTALS			TOTALS		0	
	T - RECLASS COST OF EPOM TO DIALYSIS						
1.00		0.00	0		0.00	0	1.00
8.00	DRUGS CHARGED TO PATIENTS	73.00		RENAL DIALYSIS	74.00	0	8.00
	TOTALS			TOTALS		0	
	W - RECLASS RESEARCH GRANT EXPENSES						
1.00		0.00	0		0.00	0	1.00
25.00		0.00	0	DERMATOLOGY CLINIC	90.17	185	25.00
26.00	RESEARCH	191.00	185	CLINIC FOR SPECIAL NEEDS	90.05	0	26.00
27.00		0.00	0	DERMATOLOGY CLINIC	90.17	0	27.00
28.00	RESEARCH	191.00	7,195	CARDIOLOGY CLINIC	90.08	7,195	28.00
29.00	RESEARCH	191.00	4,043	SPINA BIFIDA	90.21	3,799	29.00
30.00		0.00	0	DERMATOLOGY CLINIC	90.17	244	30.00
31.00	RESEARCH	191.00		NURSING ADMINISTRATION	13.00	0	31.00
32.00	RESEARCH	191.00	8,414	CARDIOLOGY CLINIC	90.08	8,414	32.00
	TOTALS		19,837	TOTALS		19,837	
	Y - RECLASS MEDICAL COLLEGE TAX REFUND						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00		ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS			TOTALS		0	
500.00	Grand Total: Increases		6,767,809	Grand Total: Decreases		6,767,809	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 523300

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

Worksheet A-7
Part I
Date/Time Prepared:
6/19/2013 11:09 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	10,325,409	6,771	0	6,771	2.00
3.00	Buildings and Fixtures	387,575,765	0	0	0	3.00
4.00	Building Improvements	113,487,574	7,605,259	0	7,605,259	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	142,896,886	62,910,842	0	62,910,842	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	654,285,634	70,522,872	0	70,522,872	8.00
9.00	Reconciling Items	31,703,147	54,417,364	0	54,417,364	9.00
10.00	Total (line 8 minus line 9)	622,582,487	16,105,508	0	16,105,508	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	10,241,041	0			2.00
3.00	Buildings and Fixtures	387,540,881	0			3.00
4.00	Building Improvements	120,430,395	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	184,467,488	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	702,679,805	0			8.00
9.00	Reconciling Items	86,120,511	0			9.00
10.00	Total (line 8 minus line 9)	616,559,294	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 523300

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

Worksheet A-7
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	20,872,364	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	19,233,550	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	40,105,914	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	20,872,364				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	19,233,550				2.00
3.00	Total (sum of lines 1-2)	0	40,105,914				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 523300

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

Worksheet A-7
Part III
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	516,212,317	0	516,212,317	0.736731	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	184,467,488	0	184,467,488	0.263269	0	2.00
3.00	Total (sum of lines 1-2)	700,679,805	0	700,679,805	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	17,298,406	-22,154	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,999,274	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,297,680	-22,154	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,456,980	166,019	0	0	24,899,251	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	49,461	60,527	0	0	20,109,262	2.00
3.00	Total (sum of lines 1-2)	7,506,441	226,546	0	0	45,008,513	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-6,034,023	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	A	-83,299	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	A	-1,495,185	ADMINISTRATIVE & GENERAL	5.00	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)	B	-66,853	ADMINISTRATIVE & GENERAL	5.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,505,263			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	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,271,980	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others	B	-5,427,441	CAP REL COSTS-BLDG & FIXT	1.00	9	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-1,812,183	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-41,312	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-202,153	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01		0		0.00	0	33.01
33.02 ADDBACK SITE SELECTION COSTS	A	125,840	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 523300

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

Worksheet A-8

Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.03 ADDBACK BUILDER'S RISK INSURANCE	A	-1,161	CAP REL COSTS-BLDG & FIXT	1.00	9	33.03
33.04 1989 CAPITALIZED INTEREST	A	105,865	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.04
33.05 INTEREST OFF-SET 1998 REVENUE BONDS	A	-624,528	CAP REL COSTS-BLDG & FIXT	1.00	11	33.05
33.06 DEDUCT PRESIDENT ADMINISTRATION	A	-4,958,888	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07 ADDBACK LOSS ON 2004 REFUNDING	A	-169,877	CAP REL COSTS-BLDG & FIXT	1.00	11	33.07
33.08 NUTRITIONAL SERVICE REVENUE	B	-1,198,042	DIETARY	10.00	0	33.08
33.09		0		0.00	0	33.09
33.10		0		0.00	0	33.10
33.11 MISCELLANEOUS REVENUE	B	-225,605	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 MANAGEMENT FEE REVENUE	B	-22,154	CAP REL COSTS-BLDG & FIXT	1.00	10	33.12
33.13 CLINICAL ENGINEERING	B	-118,103	OPERATION OF PLANT	7.00	0	33.13
33.14 DELIVERY TEAM	B	-172,812	INTENSIVE CARE UNIT	31.00	0	33.14
33.15 LAB REVENUE	B	-214,438	LABORATORY	60.00	0	33.15
33.16 CARDIOVASCULAR SURGERY	B	-263,942	OPERATING ROOM	50.00	0	33.16
33.17 CHILD PROTECTION	B	-28,615	CHILD PROTECTION CENTER	98.05	0	33.17
33.18 CHILD LIFE	B	-122,168	NURSING ADMINISTRATION	13.00	0	33.18
33.19 TELEPHONE TRIAGE	B	-525	EMERGENCY	91.00	0	33.19
33.20 MISC REVENUE - OUTREACH	B	-164,591	OUTREACH	194.03	0	33.20
33.21 ALLERGY REVENUE	B	-257,874	ALLERGY CLINIC	90.15	0	33.21
33.22 MISC REVENUE - EKG	B	-52,193	ELECTROCARDIOLOGY	69.00	0	33.22
33.23 MISC REVENUE - RESEARCH	B	-780	RESEARCH	191.00	0	33.23
33.24 HEART TRANSPLANT - MISC REVENUE	B	-58,001	HEART ACQUISITION	106.00	0	33.24
33.25 POISON CENTER	B	-569,311	POISON CENTER	194.01	0	33.25
33.26 NORTH SHORE CLINIC	B	-23,778	NORTH SHORE CLINIC	194.07	0	33.26
33.27 RADIOLOGY	B	-80,231	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28 GENETIC CENTER	B	-6,000	GENETICS CENTER	98.02	0	33.28
33.29 RESPIRATORY THERAPY - MISC REVENUE	B	-38,695	RESPIRATORY THERAPY	65.00	0	33.29
33.30 PSYCHIATRY - MISC REVENUE	B	-28,981	PSYCHIATRY - OFFICE BLDG	98.00	0	33.30
33.31 FAMILY SERVICES - MISC REVENUE	B	-625	SOCIAL SERVICE	17.00	0	33.31
33.32 DIETETICS	B	-696	DIETARY	10.00	0	33.32
33.33 ONCOLOGY	B	-84,419	OTHER SPECIAL CARE HOT UNIT	35.00	0	33.33
33.34 ANESTHESIOLOGY	B	-9,591	ANESTHESIOLOGY	53.00	0	33.34
33.35 OUTSIDE SALARY SUPPORT	B	-11,546	PULMONARY CLINIC	90.09	0	33.35
33.36 ORTHOPEDIC CLINIC	B	-63,682	EYE CLINIC	90.12	0	33.36
33.37 RENAL - OUTSIDE SALARY SUPPORT	B	-86,062	RENAL CLINIC	90.25	0	33.37
33.38 TRANSPORT	B	-1,900	TRANSPORT	98.01	0	33.38
33.39 PALLIATIVE CARE	B	-48,186	PAIN/PALLIATIVE CARE	90.02	0	33.39
33.40 RESEARCH COSTS	A	-142,080	RESEARCH	191.00	0	33.40
33.41 1989 AHA ADJUSTMENT	A	-395,633	CAP REL COSTS-BLDG & FIXT	1.00	9	33.41
33.42 AHA GUIDELINE	A	23,603	CAP REL COSTS-BLDG & FIXT	1.00	9	33.42
33.43 DERMATOLOGY CLINIC	B	-600	DERMATOLOGY CLINIC	90.17	0	33.43
33.44 CHILD DEVELOPMENT	B	-8,585	CHILD DEVELOPMENT	98.04	0	33.44
33.45 KENOSHA AMBULATORY CLINIC	B	-23,710	OTHER OFFSITE CLINICS	194.04	0	33.45
33.46 NEUROSCIENCES CLINIC	B	-86,554	NEUROSCIENCES CLINIC	90.22	0	33.46
33.47 GREENWAY CLINIC	B	-85,709	GREENWAY CLINIC	90.26	0	33.47
33.48 MISC REVENUE -LINEN SERVICES	B	-7,975	LAUNDRY & LINEN SERVICE	8.00	0	33.48
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,143,230				50.00

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

Provider CCN: 523300

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

Worksheet A-8-1

Date/Time Prepared:
6/19/2013 11:09 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	5.00	ADMINISTRATIVE & GENERAL	67,305,652	67,305,652	1.00
2.00	98.05	CHILD PROTECTION CENTER	181,192	181,192	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	0		67,486,844	67,486,844	5.00

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

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

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

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

6.00	G	SEEGER HEALTH	0.00	0.00	6.00
7.00	G	CHILD HEALTH S	0.00	0.00	7.00
8.00	G	CHILD SER SCTY	0.00	0.00	8.00
9.00	G	CHILD HEALTH S	0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	NON-FINANCIAL			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: 523300

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

Worksheet A-8-1

Date/Time Prepared:
6/19/2013 11:09 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	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0	0		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 523300

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

Worksheet A-8-2

Date/Time Prepared: 6/19/2013 11:09 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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,497,631	0	13,371,995	140,600	131,672	1.00
2.00	30.00	ADULTS & PEDIATRICS	134,378	0	134,378	140,600	1,306	2.00
3.00	31.00	INTENSIVE CARE UNIT	702,056	0	702,056	140,600	6,821	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	240,603	0	240,603	140,600	2,338	4.00
5.00	50.00	OPERATING ROOM	1,177,154	0	1,177,154	208,000	19,100	5.00
6.00	53.00	ANESTHESIOLOGY	189,866	0	189,866	200,300	10,498	6.00
7.00	60.00	LABORATORY	330,510	0	330,510	215,700	6,809	7.00
8.00	65.00	RESPIRATORY THERAPY	138,796	0	138,796	140,600	1,348	8.00
9.00	69.00	ELECTROCARDIOLOGY	315,203	0	315,203	140,600	3,062	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	16,597	0	16,597	140,600	2,076	10.00
11.00	74.00	RENAL DIALYSIS	25,545	0	25,545	140,600	248	11.00
12.00	98.00	PSYCHIATRY - OFFICE BLDG	106,681	0	106,681	154,100	1,745	12.00
13.00	98.02	GENETICS CENTER	38,139	0	38,139	140,600	371	13.00
14.00	98.05	CHILD PROTECTION CENTER	90,323	0	90,323	140,600	878	14.00
15.00	90.01	ID PRIM CARE SUPP NETWORK	58,007	0	58,007	140,600	564	15.00
16.00	90.04	GI CLINIC	256,646	0	256,646	140,600	2,492	16.00
17.00	90.10	ENT CLINIC	109,415	0	109,415	140,600	2,822	17.00
18.00	90.12	EYE CLINIC	36,049	0	36,049	140,600	1,060	18.00
19.00	90.15	ALLERGY CLINIC	183,537	0	183,537	140,600	1,783	19.00
20.00	90.17	DERMATOLOGY CLINIC	33,157	0	33,157	140,600	1,731	20.00
21.00	90.21	SPI NA BIFIDA	29,321	0	29,321	140,600	1,098	21.00
22.00	90.22	NEUROSCIENCES CLINIC	16,597	0	16,597	140,600	2,076	22.00
23.00	90.23	RHEUMATOLOGY CLINIC	78,526	0	78,526	140,600	763	23.00
24.00	90.24	ENDOCRINE CLINIC	119,696	0	119,696	140,600	1,163	24.00
25.00	91.00	EMERGENCY	174,187	0	174,187	140,600	1,692	25.00
26.00	98.00	PSYCHIATRY - OFFICE BLDG	89,868	0	89,868	140,600	873	26.00
200.00			18,188,488	0	18,062,752		206,389	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	8,900,521	445,026	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	88,281	4,414	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	461,073	23,054	0	0	0	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	158,040	7,902	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,910,000	95,500	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,010,937	50,547	0	0	0	6.00
7.00	60.00	LABORATORY	706,106	35,305	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	91,120	4,556	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	206,979	10,349	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	140,330	7,017	0	0	0	10.00
11.00	74.00	RENAL DIALYSIS	16,764	838	0	0	0	11.00
12.00	98.00	PSYCHIATRY - OFFICE BLDG	129,281	6,464	0	0	0	12.00
13.00	98.02	GENETICS CENTER	25,078	1,254	0	0	0	13.00
14.00	98.05	CHILD PROTECTION CENTER	59,349	2,967	0	0	0	14.00
15.00	90.01	ID PRIM CARE SUPP NETWORK	38,124	1,906	0	0	0	15.00
16.00	90.04	GI CLINIC	168,450	8,423	0	0	0	16.00
17.00	90.10	ENT CLINIC	190,756	9,538	0	0	0	17.00
18.00	90.12	EYE CLINIC	71,652	3,583	0	0	0	18.00
19.00	90.15	ALLERGY CLINIC	120,524	6,026	0	0	0	19.00
20.00	90.17	DERMATOLOGY CLINIC	117,009	5,850	0	0	0	20.00
21.00	90.21	SPI NA BIFIDA	74,221	3,711	0	0	0	21.00
22.00	90.22	NEUROSCIENCES CLINIC	140,330	7,017	0	0	0	22.00
23.00	90.23	RHEUMATOLOGY CLINIC	51,576	2,579	0	0	0	23.00
24.00	90.24	ENDOCRINE CLINIC	78,614	3,931	0	0	0	24.00
25.00	91.00	EMERGENCY	114,373	5,719	0	0	0	25.00
26.00	98.00	PSYCHIATRY - OFFICE BLDG	59,012	2,951	0	0	0	26.00
200.00			15,128,500	756,427	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,900,521	4,471,474	4,597,110	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	88,281	46,097	46,097	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	461,073	240,983	240,983	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	0	158,040	82,563	82,563	4.00
5.00	50.00	OPERATING ROOM	0	1,910,000	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	1,010,937	0	0	6.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 523300

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

Worksheet A-8-2

Date/Time Prepared:
6/19/2013 11:09 am

	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		
7.00	60.00	LABORATORY	0	706,106	0	0		7.00
8.00	65.00	RESPIRATORY THERAPY	0	91,120	47,676	47,676		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	206,979	108,224	108,224		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	140,330	0	0		10.00
11.00	74.00	RENAL DIALYSIS	0	16,764	8,781	8,781		11.00
12.00	98.00	PSYCHIATRY - OFFICE BLDG	0	129,281	0	0		12.00
13.00	98.02	GENETICS CENTER	0	25,078	13,061	13,061		13.00
14.00	98.05	CHILD PROTECTION CENTER	0	59,349	30,974	30,974		14.00
15.00	90.01	ID PRIM CARE SUPP NETWORK	0	38,124	19,883	19,883		15.00
16.00	90.04	GI CLINIC	0	168,450	88,096	88,196		16.00
17.00	90.10	ENT CLINIC	0	190,756	0	0		17.00
18.00	90.12	EYE CLINIC	0	71,652	0	0		18.00
19.00	90.15	ALLERGY CLINIC	0	120,524	63,013	63,013		19.00
20.00	90.17	DERMATOLOGY CLINIC	0	117,009	0	0		20.00
21.00	90.21	SPI NA BIFIDA	0	74,221	0	0		21.00
22.00	90.22	NEUROSCIENCES CLINIC	0	140,330	0	0		22.00
23.00	90.23	RHEUMATOLOGY CLINIC	0	51,576	26,950	26,950		23.00
24.00	90.24	ENDOCRINE CLINIC	0	78,614	41,082	41,082		24.00
25.00	91.00	EMERGENCY	0	114,373	59,814	59,814		25.00
26.00	98.00	PSYCHIATRY - OFFICE BLDG	0	59,012	30,856	30,856		26.00
200.00			0	15,128,500	5,379,527	5,505,263		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	24,899,251	24,899,251			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	20,109,262		20,109,262		2.00
4.00 00400	EMPLOYEE BENEFITS	5,718,648	197,310	1,130	5,917,088	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	86,733,718	2,388,459	7,729,559	832,299	97,684,035
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	14,515,457	862,373	513,198	92,028	15,983,056
8.00 00800	LAUNDRY & LINEN SERVICE	999,688	0	6,703	0	1,006,391
9.00 00900	HOUSEKEEPING	5,648,426	168,493	155,989	101,963	6,074,871
10.00 01000	DIETARY	2,589,117	30,191	871	52,594	2,672,773
11.00 01100	CAFETERIA	212,495	586,243	44,238	8,207	851,183
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,636,180	71,853	37,477	186,698	7,932,208
14.00 01400	CENTRAL SERVICES & SUPPLY	6,583,823	0	0	0	6,583,823
15.00 01500	PHARMACY	7,978,581	0	0	0	7,978,581
16.00 01600	MEDICAL RECORDS & LIBRARY	4,601,413	237,384	7,917	80,454	4,927,168
17.00 01700	SOCIAL SERVICE	2,390,514	190,793	2,144	34,916	2,618,367
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	16,675,085	30,879	874	10,275	16,717,113
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,330,670	711	0	0	4,331,381
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,775,035	4,976,078	2,396,382	570,866	31,718,361
31.00 03100	INTENSIVE CARE UNIT	36,384,269	2,662,480	1,616,458	1,009,216	41,672,423
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02041	OTHER SPECIAL CARE HOT UNIT	8,221,790	544,985	61,836	139,403	8,968,014
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,907,950	1,417,620	85,981	314,681	14,726,232
51.00 05100	RECOVERY ROOM	2,287,000	140,624	43,335	59,211	2,530,170
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	780,293	45,571	285,545	12,750	1,124,159
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,728,763	1,530,138	2,229,136	205,940	15,693,977
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	1,024,225	0	67,274	19,176	1,110,675
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,574,947	0	175,158	19,434	1,769,539
59.00 05900	CARDIAC CATHETERIZATION	2,290,530	0	0	0	2,290,530
60.00 06000	LABORATORY	19,559,320	946,928	473,074	198,011	21,177,333
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.	6,098,754	0	114,987	0	6,213,741
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	6,710,518	184,182	292,346	173,269	7,360,315
66.00 06600	PHYSICAL THERAPY	2,907,632	537,307	188,256	71,696	3,704,891
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	3,063,179	283,927	76,362	69,493	3,492,961
69.00 06900	ELECTROCARDIOLOGY	5,385,877	222,217	597,400	98,909	6,304,403
70.00 07000	ELECTROENCEPHALOGRAPHY	1,083,614	63,772	117,471	22,829	1,287,686
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,532,004	319,664	803,842	118,308	12,773,818
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,088,304	0	0	0	14,088,304
73.00 07300	DRUGS CHARGED TO PATIENTS	23,048,973	289,994	164,780	261,006	23,764,753
74.00 07400	RENAL DIALYSIS	426,127	58,368	28,959	6,395	519,849
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	506,912	81,379	4,290	11,511	604,092	90.01
90.02	09002	PAIN/PALLATIVE CARE	554,177	196,007	13,783	15,844	779,811	90.02
90.03	09003	DIABETIC CLINIC	707,510	156,431	32,626	17,104	913,671	90.03
90.04	09004	GI CLINIC	1,828,998	425,286	79,681	41,807	2,375,772	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	652,584	110,101	25,752	7,976	796,413	90.05
90.06	09006	DIETETICS	1,682,095	0	0	45,257	1,727,352	90.06
90.07	09007	INFUSION ROOM	396,862	91,048	21,483	9,741	519,134	90.07
90.08	09008	CARDIOLOGY CLINIC	1,281,814	39,031	26,743	31,447	1,379,035	90.08
90.09	09009	PULMONARY CLINIC	550,460	45,334	15,170	13,291	624,255	90.09
90.10	09010	ENT CLINIC	979,340	283,927	50,385	21,894	1,335,546	90.10
90.11	09011	ORTHOPEDIC CLINIC	790,484	274,803	13,799	20,578	1,099,664	90.11
90.12	09012	EYE CLINIC	239,567	48,865	11,675	6,472	306,579	90.12
90.13	09013	ONCOLOGY CLINIC	1,790,393	275,372	22,969	47,886	2,136,620	90.13
90.14	09014	SURGICAL SPECIALTIES	1,241,562	165,199	47,870	29,962	1,484,593	90.14
90.15	09015	ALLERGY CLINIC	1,070,628	263,286	52,214	27,078	1,413,206	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	676,982	162,687	19,987	14,087	873,743	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	198,804	54,506	193	4,716	258,219	90.19
90.20	09020	HEMATOLOGY CLINIC	381,705	89,816	0	10,275	481,796	90.20
90.21	09021	SPI NA BIFIDA	180,828	66,663	0	4,018	251,509	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,260,749	192,476	15,898	34,093	1,503,216	90.22
90.23	09023	RHEUMATOLOGY CLINIC	323,646	93,987	2,208	6,829	426,670	90.23
90.24	09024	ENDOCRINE CLINIC	254,342	85,289	0	4,392	344,023	90.24
90.25	09025	RENAL CLINIC	236,602	21,968	4,448	8,332	271,350	90.25
90.26	09026	GREENWAY CLINIC	804,063	0	312,471	16,732	1,133,266	90.26
90.27	09027	NEW BERLIN CLINIC	4,367,067	645,773	323,183	39,916	5,375,939	90.27
91.00	09100	EMERGENCY	7,483,381	642,479	169,843	194,332	8,490,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	179,130	16,683	0	746	196,559	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	2,028,839	194,372	5,831	50,335	2,279,377	98.00
98.01	05951	TRANSPORT	4,273,455	0	115,857	68,851	4,458,163	98.01
98.02	05952	GENETICS CENTER	1,055,710	0	18,904	24,435	1,099,049	98.02
98.03	05953	NUCLEAR MEDICINE	754,290	35,547	31,246	7,659	828,742	98.03
98.04	05954	CHILD DEVELOPMENT	446,443	0	21,524	3,407	471,374	98.04
98.05	05955	CHILD PROTECTION CENTER	1,808,925	27,822	21,627	33,459	1,891,833	98.05
98.06	05956	DENTAL SRVC	3,514,976	121,879	93,854	77,540	3,808,249	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	341,962	0	0	2,098	344,060	105.00
106.00	10600	HEART ACQUISITION	1,529,267	8,223	0	9,100	1,546,590	106.00
107.00	10700	LIVER ACQUISITION	153,553	0	0	670	154,223	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	453,029,537	23,904,783	19,894,196	5,733,897	451,636,812	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	205,261	56,947	0	0	262,208	190.00
191.00	19100	RESEARCH	6,181,727	274,258	2,484	46,184	6,504,653	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	294,088	0	54,604	469	349,161	194.00
194.01	07951	POI SON CENTER	1,291,470	70,976	10,412	45,041	1,417,899	194.01
194.02	07952	PUBLIC RELATIONS	2,435,814	184,371	1,486	32,190	2,653,861	194.02
194.03	07953	OUTREACH	1,336,013	258,025	0	29,342	1,623,380	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.04 07954 OTHER OFFSITE CLINICS	2,393,461	87,233	129,142	12,802	2,622,638	194.04
194.05 07955 CHILDREN'S SPECIALTY GROUP	575,718	0	1,826	8,447	585,991	194.05
194.06 07956 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 07957 NORTH SHORE CLINIC	0	0	4,561	457	5,018	194.07
194.08 07958 ADOLESCENT MEDICINE	203,849	62,658	10,551	8,259	285,317	194.08
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)	467,946,938	24,899,251	20,109,262	5,917,088	467,946,938	202.00
Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL	97,684,035					5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00 00700 OPERATION OF PLANT	4,216,698	0	20,199,754			7.00
8.00 00800 LAUNDRY & LINEN SERVICE	265,509	0	0	1,271,900		8.00
9.00 00900 HOUSEKEEPING	1,602,691	0	158,664	864	7,837,090	9.00
10.00 01000 DIETARY	705,139	0	28,430	0	11,267	10.00
11.00 01100 CAFETERIA	224,562	0	552,045	180	218,779	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,092,699	0	67,661	0	26,815	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,736,964	0	0	0	0	14.00
15.00 01500 PHARMACY	2,104,933	0	0	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,299,900	0	223,536	0	88,589	16.00
17.00 01700 SOCIAL SERVICE	690,785	0	179,663	0	71,202	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	4,410,359	0	29,077	4,178	11,524	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,142,718	0	669	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	8,368,033	0	4,685,797	391,170	1,857,012	30.00
31.00 03100 INTENSIVE CARE UNIT	10,994,311	0	2,507,164	142,892	993,606	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02041 OTHER SPECIAL CARE HOT UNIT	2,365,968	0	513,193	70,176	203,382	35.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,885,119	0	1,334,923	223,102	529,039	50.00
51.00 05100 RECOVERY ROOM	667,517	0	132,421	22,874	52,479	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	296,579	0	42,913	0	1,707	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,140,432	0	1,440,877	45,861	544,277	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	293,022	0	0	12,286	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	466,845	0	0	13,624	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	604,294	0	0	0	0	59.00
60.00 06000 LABORATORY	5,587,068	0	891,689	67	353,382	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.	1,639,328	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,941,820	0	173,437	6,380	68,734	65.00
66.00 06600 PHYSICAL THERAPY	977,435	0	505,963	4,733	154,334	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
68.00	06800	SPEECH PATHOLOGY	921,523	0	267,364	10	105,958	68.00
69.00	06900	ELECTROCARDIOLOGY	1,663,247	0	209,254	10,156	82,929	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	339,721	0	60,051	12,665	23,799	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,370,027	0	301,016	69,854	119,295	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,716,819	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,269,688	0	273,077	41	108,222	73.00
74.00	07400	RENAL DIALYSIS	137,148	0	54,963	1,585	21,782	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	159,373	0	76,632	0	59,024	90.01
90.02	09002	PAIN/PALLIATIVE CARE	205,732	0	184,573	5,248	73,147	90.02
90.03	09003	DIABETIC CLINIC	241,047	0	147,306	0	58,378	90.03
90.04	09004	GI CLINIC	626,783	0	400,477	309	158,712	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	210,112	0	103,679	36	41,089	90.05
90.06	09006	DIETETICS	455,715	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	136,959	0	85,737	3,293	33,978	90.07
90.08	09008	CARDIOLOGY CLINIC	363,821	0	36,754	5,042	14,566	90.08
90.09	09009	PULMONARY CLINIC	164,693	0	42,690	838	16,918	90.09
90.10	09010	ENT CLINIC	352,348	0	267,364	1,235	105,958	90.10
90.11	09011	ORTHOPEDIC CLINIC	290,117	0	258,772	8,314	102,553	90.11
90.12	09012	EYE CLINIC	80,883	0	46,015	0	18,236	90.12
90.13	09013	ONCOLOGY CLINIC	563,689	0	259,308	8,489	102,766	90.13
90.14	09014	SURGICAL SPECIALTIES	391,670	0	155,562	659	61,650	90.14
90.15	09015	ALLERGY CLINIC	372,836	0	247,927	782	98,255	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	230,513	0	153,197	1,389	60,713	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	68,124	0	51,326	0	20,341	90.19
90.20	09020	HEMATOLOGY CLINIC	127,109	0	84,576	1,235	33,518	90.20
90.21	09021	SPI NA BIFIDA	66,354	0	62,774	0	24,878	90.21
90.22	09022	NEUROSCIENCES CLINIC	396,583	0	181,248	0	71,830	90.22
90.23	09023	RHEUMATOLOGY CLINIC	112,565	0	88,504	0	35,075	90.23
90.24	09024	ENDOCRINE CLINIC	90,761	0	80,314	0	31,829	90.24
90.25	09025	RENAL CLINIC	71,588	0	20,687	0	8,198	90.25
90.26	09026	GREENWAY CLINIC	298,982	0	0	2,746	0	90.26
90.27	09027	NEW BERLIN CLINIC	1,418,296	0	608,102	35,826	240,995	90.27
91.00	09100	EMERGENCY	2,239,867	0	605,000	148,789	239,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	51,857	0	15,710	0	6,226	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	601,352	0	183,033	0	72,537	98.00
98.01	05951	TRANSPORT	1,176,166	0	0	0	0	98.01
98.02	05952	GENETICS CENTER	289,954	0	0	0	0	98.02
98.03	05953	NUCLEAR MEDICINE	218,641	0	33,473	3,293	13,266	98.03
98.04	05954	CHILD DEVELOPMENT	124,359	0	0	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	499,109	0	26,199	1,410	10,383	98.05
98.06	05956	DENTAL SRVC	1,004,704	0	114,769	10,269	0	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	90,771	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	408,026	0	7,744	0	3,069	106.00
107.00	10700	LIVER ACQUISITION	40,688	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,381,048	0	19,263,299	1,271,900	7,465,967	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,177	0	53,625	0	21,252	190.00
191.00	19100	RESEARCH	1,716,077	0	258,259	0	102,350	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	92,117	0	0	0	0	194.00
194.01	07951	POISON CENTER	374,074	0	66,835	0	26,487	194.01
194.02	07952	PUBLIC RELATIONS	700,150	0	173,616	0	68,805	194.02
194.03	07953	OUTREACH	428,285	0	242,973	0	96,292	194.03
194.04	07954	OTHER OFFSITE CLINICS	691,912	0	82,144	0	32,554	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	154,598	0	0	0	0	194.05
194.06	07956	EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	07957	NORTH SHORE CLINIC	1,324	0	0	0	0	194.07
194.08	07958	ADOLESCENT MEDICINE	75,273	0	59,003	0	23,383	194.08
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)	97,684,035	0	20,199,754	1,271,900	7,837,090	202.00
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,417,609					10.00
11.00	01100	CAFETERIA	0	1,846,749				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	59,458	0	10,178,841		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	509,831	8,830,618	14.00
15.00	01500	PHARMACY	0	0	0	476,124	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44,081	0	307,708	4,486	16.00
17.00	01700	SOCIAL SERVICE	0	25,595	0	195,732	836	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	90,072	0	0	5,341	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,596,518	223,094	0	1,557,292	150,515	30.00
31.00	03100	INTENSIVE CARE UNIT	276,800	335,256	0	2,340,221	127,885	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	416,995	53,350	0	372,409	37,668	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	386	110,804	0	281,659	16,110	50.00
51.00	05100	RECOVERY ROOM	0	19,583	0	136,699	4,001	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,591	0	46,008	10,725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	811	74,704	0	521,469	64,784	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	5,986	0	41,787	3,373	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,867	0	47,938	7,846	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,461	0	0	13,644	59.00
60.00	06000	LABORATORY	811	85,053	0	593,708	148,394	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 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	0	66,403	0	463,522	9,734	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
66.00	06600	PHYSICAL THERAPY	0	27,098	0	0	14,051	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	39	24,611	0	0	1,732	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,806	0	0	2,630	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,589	0	64,098	1,257	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	73,037	0	509,831	7,761,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,208	0	476,124	242,355	73.00
74.00	07400	RENAL DIALYSIS	0	2,211	0	13,628	190	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	0	3,257	0	0	203	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	5,356	0	0	2,895	90.02
90.03	09003	DIABETIC CLINIC	10,119	7,386	0	0	1,973	90.03
90.04	09004	GI CLINIC	0	16,292	0	0	1,306	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	6,107	0	0	1,446	90.05
90.06	09006	DIETETICS	0	21,622	0	0	0	90.06
90.07	09007	INFUSION ROOM	67,356	4,354	0	0	1,236	90.07
90.08	09008	CARDIOLOGY CLINIC	0	12,586	0	0	5,683	90.08
90.09	09009	PULMONARY CLINIC	0	4,846	0	0	2,113	90.09
90.10	09010	ENT CLINIC	0	8,846	0	0	9,196	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	10,003	0	0	2,996	90.11
90.12	09012	EYE CLINIC	0	3,257	0	0	1,057	90.12
90.13	09013	ONCOLOGY CLINIC	42,947	19,713	0	0	10,188	90.13
90.14	09014	SURGICAL SPECIALTIES	0	14,746	0	0	2,892	90.14
90.15	09015	ALLERGY CLINIC	0	13,355	0	0	3,181	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	1,771	0	0	3,957	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	1,503	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	3,395	0	0	0	90.20
90.21	09021	SPINA BIFIDA	0	1,589	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	386	15,203	0	0	1,197	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	3,360	0	0	1,799	90.23
90.24	09024	ENDOCRINE CLINIC	0	2,315	0	0	0	90.24
90.25	09025	RENAL CLINIC	0	2,989	0	0	10	90.25
90.26	09026	GREENWAY CLINIC	0	0	0	0	3,310	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	26,893	90.27
91.00	09100	EMERGENCY	1,622	69,806	0	487,702	36,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	510	0	1,206	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	2,819	17,760	0	0	2,287	98.00
98.01	05951	TRANSPORT	0	21,103	0	147,311	13,537	98.01
98.02	05952	GENETICS CENTER	0	11,014	0	0	2,007	98.02
98.03	05953	NUCLEAR MEDICINE	0	1,944	0	0	1,340	98.03
98.04	05954	CHILD DEVELOPMENT	0	1,970	0	0	3,144	98.04
98.05	05955	CHILD PROTECTION CENTER	0	12,526	0	86,590	10,429	98.05
98.06	05956	DENTAL SRVC	0	21,285	0	243,429	19,291	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,244	0	8,683	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	10,070	0	106.00
107.00	10700	LIVER ACQUISITION	0	199	0	1,387	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,417,609	1,776,130	0	9,942,166	8,801,292	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	174	190.00
191.00	19100	RESEARCH	0	8,129	0	131,212	644 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	181	0	0	2,895 194.00
194.01	07951	POISON CENTER	0	12,534	0	87,494	182 194.01
194.02	07952	PUBLIC RELATIONS	0	12,854	0	0	0 194.02
194.03	07953	OUTREACH	0	19,212	0	17,969	0 194.03
194.04	07954	OTHER OFFSITE CLINICS	0	648	0	0	1,810 194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	3,853	0	0	10,066 194.05
194.06	07956	EAST SIDE SPEECH AND HEARING	0	0	0	0	0 194.06
194.07	07957	NORTH SHORE CLINIC	0	0	0	0	2,321 194.07
194.08	07958	ADOLESCENT MEDICINE	0	13,208	0	0	11,234 194.08
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)	3,417,609	1,846,749	0	10,178,841	8,830,618 202.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	10,559,638				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,895,468			16.00
17.00	01700	SOCIAL SERVICE	0	0	3,782,180		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	795	722,100	1,334,200	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	762	1,109,617	437,236	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	300	211,921	93,115	0	0 35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,527	268,940	8,547	0	0 50.00
51.00	05100	RECOVERY ROOM	78	94,902	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	84,935	56,576	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	427	290,600	30,813	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	72,164	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	139,472	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	528	53,812	0	0	0 59.00
60.00	06000	LABORATORY	2,784	800,528	7,647	0	0 60.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

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6/19/2013 11:09 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
						(SPECIFY)		
			15.00	16.00	17.00	18.00	19.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	112,578	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	408	274,961	2,474	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14	89,976	172,960	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	55,060	9,446	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	386	78,378	2,699	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	255	43,335	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	925,408	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	109,706	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,380,724	776,683	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	90	20,182	49,032	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	0	331	13,495	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	1,739	2,249	0	0	90.02
90.03	09003	DIABETIC CLINIC	240	10,428	116,056	0	0	90.03
90.04	09004	GI CLINIC	990	15,299	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	2,870	111,333	0	0	90.05
90.06	09006	DIETETICS	0	5,828	0	0	0	90.06
90.07	09007	INFUSION ROOM	70	23,311	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	101	14,140	195,227	0	0	90.08
90.09	09009	PULMONARY CLINIC	500	4,717	100,762	0	0	90.09
90.10	09010	ENT CLINIC	2,480	11,793	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	112	14,321	0	0	0	90.11
90.12	09012	EYE CLINIC	1,406	4,887	14,620	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	34,679	61,402	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,252	12,861	9,222	0	0	90.14
90.15	09015	ALLERGY CLINIC	8,698	13,315	32,613	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	14,400	11,156	21,367	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	16	3,141	5,173	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	3,188	6,747	0	0	90.20
90.21	09021	SPINA BIFIDA	0	2,036	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	76	6,156	87,042	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,056	2,959	30,139	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	0	3,218	7,197	0	0	90.24
90.25	09025	RENAL CLINIC	0	2,563	12,370	0	0	90.25
90.26	09026	GREENWAY CLINIC	79	19,085	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	19,892	41,946	0	0	0	90.27
91.00	09100	EMERGENCY	1,460	141,637	634,487	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	1,528	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	0	18,038	13,495	0	0	98.00
98.01	05951	TRANSPORT	0	40,391	0	0	0	98.01
98.02	05952	GENETICS CENTER	201	5,049	38,011	0	0	98.02
98.03	05953	NUCLEAR MEDICINE	0	14,466	0	0	0	98.03
98.04	05954	CHILD DEVELOPMENT	0	3,766	10,571	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	29,661	7,248	450	0	0	98.05
98.06	05956	DENTAL SRVC	474	54,152	21,142	0	0	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	4,678	63,426	0	0	105.00
106.00	10600	HEART ACQUISITION	0	18,017	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,485	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
117.00	06950	0	0	0	0	0	117.00
118.00		10,557,177	6,883,321	3,756,765	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	3,892	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	2,387	5,866	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	74	0	0	0	0	194.07
194.08	07958	0	2,389	25,415	0	0	194.08
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		10,559,638	6,895,468	3,782,180	0	0	202.00
INTERNS & RESIDENTS							
Cost Center Description		NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	0	0	0	0	0	1.00
2.00	00200	0	0	0	0	0	2.00
4.00	00400	0	0	0	0	0	4.00
5.00	00500	0	0	0	0	0	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	0	0	0	0	9.00
10.00	01000	0	0	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	21,267,664	0	0	0	21.00
22.00	02200	0	0	5,474,768	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	5,255,338	1,352,841	0	60,213,066	30.00
31.00	03100	0	2,639,119	679,368	0	64,256,660	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
34.00	03400	0	0	0	0	0	34.00
35.00	02041	0	702,811	180,919	0	14,190,221	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	1,781,732	458,657	0	23,626,777	50.00
51.00	05100	0	0	0	0	3,660,724	51.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGS	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,402,195	360,956	0	3,433,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	619,216	159,400	0	23,627,648	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	1,539,293	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,452,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	2,969,269	59.00
60.00	06000	LABORATORY	0	291,052	74,923	0	30,014,439	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	7,965,647	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	10,368,188	65.00
66.00	06600	PHYSICAL THERAPY	0	94,153	24,237	0	5,769,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,878,704	68.00
69.00	06900	ELECTROCARDIOLOGY	0	402,893	103,714	0	8,875,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	386,485	99,490	0	2,328,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25,903,639	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	17,914,829	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	42,359,875	73.00
74.00	07400	RENAL DIALYSIS	0	129,209	33,261	0	983,130	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	0	10,969	2,824	0	930,200	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	0	0	0	1,260,750	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	1,506,604	90.03
90.04	09004	GI CLINIC	0	512,951	132,045	0	4,240,936	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0	1,273,085	90.05
90.06	09006	DIETETICS	0	0	0	0	2,210,517	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	875,428	90.07
90.08	09008	CARDIOLOGY CLINIC	0	753,681	194,014	0	2,974,650	90.08
90.09	09009	PULMONARY CLINIC	0	134,465	34,614	0	1,131,411	90.09
90.10	09010	ENT CLINIC	0	236,708	60,934	0	2,392,408	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0	1,786,852	90.11
90.12	09012	EYE CLINIC	0	81,675	21,025	0	579,640	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	3,239,801	90.13
90.14	09014	SURGICAL SPECIALTIES	0	93,376	24,037	0	2,252,520	90.14
90.15	09015	ALLERGY CLINIC	0	410,983	105,796	0	2,720,947	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	253,025	65,134	0	1,690,365	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	407,843	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	741,564	90.20
90.21	09021	SPIINA BIFIDA	0	0	0	0	409,140	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	386,485	99,490	0	2,748,912	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	186,661	48,051	0	936,839	90.23
90.24	09024	ENDOCRINE CLINIC	0	149,594	38,509	0	747,760	90.24
90.25	09025	RENAL CLINIC	0	503,399	129,586	0	1,022,740	90.25
90.26	09026	GREENWAY CLINIC	0	0	0	0	1,457,468	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	7,767,889	90.27
91.00	09100	EMERGENCY	0	1,639,817	422,125	0	15,158,929	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	273,596	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	0	324,097	83,430	0	3,598,225	98.00
98.01	05951	TRANSPORT	0	0	0	0	5,856,671	98.01
98.02	05952	GENETICS CENTER	0	106,585	27,437	0	1,579,307	98.02
98.03	05953	NUCLEAR MEDICINE	0	0	0	0	1,115,165	98.03
98.04	05954	CHILD DEVELOPMENT	0	259,652	66,840	0	941,676	98.04
98.05	05955	CHILD PROTECTION CENTER	0	442,062	113,797	0	3,131,697	98.05
98.06	05956	DENTAL SRVC	0	735,811	189,414	0	6,222,989	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
	20.00	21.00	22.00	23.00	24.00		
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	512,862	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	1,993,516	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	197,982	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
117.00 06950 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	20,926,199	5,386,868	0	0	445,220,239	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	406,436	190.00
191.00 19100 RESEARCH	0	0	0	0	0	8,725,216	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 07950 DOWNTOWN HEALTH CENTER	0	308,191	79,335	0	0	831,880	194.00
194.01 07951 POISON CENTER	0	0	0	0	0	1,985,505	194.01
194.02 07952 PUBLIC RELATIONS	0	0	0	0	0	3,609,286	194.02
194.03 07953 OUTREACH	0	0	0	0	0	2,428,111	194.03
194.04 07954 OTHER OFFSITE CLINICS	0	0	0	0	0	3,439,959	194.04
194.05 07955 CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	754,508	194.05
194.06 07956 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	0	194.06
194.07 07957 NORTH SHORE CLINIC	0	0	0	0	0	8,737	194.07
194.08 07958 ADOLESCENT MEDICINE	0	33,274	8,565	0	0	537,061	194.08
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	21,267,664	5,474,768	0	0	467,946,938	202.00
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total					
	25.00	26.00					
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD							21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD							22.00
23.00 02300 PARAMED PRGM-(SPECIFY)							23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	-6,608,179	53,604,887					30.00
31.00 03100 INTENSIVE CARE UNIT	-3,318,487	60,938,173					31.00
32.00 03200 CORONARY CARE UNIT	0	0					32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0					33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0					33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0					34.00
35.00 02041 OTHER SPECIAL CARE HOT UNIT	-883,730	13,306,491					35.00
40.00 04000 SUBPROVIDER - I PF	0	0					40.00
41.00 04100 SUBPROVIDER - I RF	0	0					41.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,240,389	21,386,388	50.00
51.00	05100	RECOVERY ROOM	0	3,660,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,763,151	1,670,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-778,616	22,849,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,539,293	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,452,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,969,269	59.00
60.00	06000	LABORATORY	-365,975	29,648,464	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	7,965,647	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,368,188	65.00
66.00	06600	PHYSICAL THERAPY	-118,390	5,651,455	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,878,704	68.00
69.00	06900	ELECTROCARDIOLOGY	-506,607	8,368,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-485,975	1,842,456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,903,639	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,914,829	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,359,875	73.00
74.00	07400	RENAL DIALYSIS	-188,189	794,941	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	-13,793	916,407	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	1,260,750	90.02
90.03	09003	DIABETIC CLINIC	0	1,506,604	90.03
90.04	09004	GI CLINIC	-644,996	3,595,940	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	1,273,085	90.05
90.06	09006	DIETETICS	0	2,210,517	90.06
90.07	09007	INFUSION ROOM	0	875,428	90.07
90.08	09008	CARDIOLOGY CLINIC	-947,695	2,026,955	90.08
90.09	09009	PULMONARY CLINIC	-169,079	962,332	90.09
90.10	09010	ENT CLINIC	-297,642	2,094,766	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	1,786,852	90.11
90.12	09012	EYE CLINIC	-102,700	476,940	90.12
90.13	09013	ONCOLOGY CLINIC	0	3,239,801	90.13
90.14	09014	SURGICAL SPECIALTIES	-117,413	2,135,107	90.14
90.15	09015	ALLERGY CLINIC	-516,779	2,204,168	90.15
90.16	09016	LASER CLINIC	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	-318,159	1,372,206	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	407,843	90.19
90.20	09020	HEMATOLOGY CLINIC	0	741,564	90.20
90.21	09021	SPI NA BIFIDA	0	409,140	90.21
90.22	09022	NEUROSCIENCES CLINIC	-485,975	2,262,937	90.22
90.23	09023	RHEUMATOLOGY CLINIC	-234,712	702,127	90.23
90.24	09024	ENDOCRINE CLINIC	-188,103	559,657	90.24
90.25	09025	RENAL CLINIC	-632,985	389,755	90.25
90.26	09026	GREENWAY CLINIC	0	1,457,468	90.26
90.27	09027	NEW BERLIN CLINIC	0	7,767,889	90.27
91.00	09100	EMERGENCY	-2,061,942	13,096,987	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	273,596	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
98.00	05950	PSYCHIATRY - OFFICE BLDG	-407,527	3,190,698	98.00
98.01	05951	TRANSPORT	0	5,856,671	98.01
98.02	05952	GENETICS CENTER	-134,022	1,445,285	98.02
98.03	05953	NUCLEAR MEDICINE	0	1,115,165	98.03
98.04	05954	CHILD DEVELOPMENT	-326,492	615,184	98.04
98.05	05955	CHILD PROTECTION CENTER	-555,859	2,575,838	98.05
98.06	05956	DENTAL SRVC	-925,225	5,297,764	98.06
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	512,862	105.00
106.00	10600	HEART ACQUISITION	0	1,993,516	106.00
107.00	10700	LIVER ACQUISITION	0	197,982	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-26,338,786	418,881,453	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	406,436	190.00
191.00	19100	RESEARCH	0	8,725,216	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	-387,526	444,354	194.00
194.01	07951	POISON CENTER	0	1,985,505	194.01
194.02	07952	PUBLIC RELATIONS	0	3,609,286	194.02
194.03	07953	OUTREACH	0	2,428,111	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	3,439,959	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	754,508	194.05
194.06	07956	EAST SIDE SPEECH AND HEARING	0	0	194.06
194.07	07957	NORTH SHORE CLINIC	0	8,737	194.07
194.08	07958	ADOLESCENT MEDICINE	-41,839	495,222	194.08
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-26,768,151	441,178,787	202.00

Provider CCN: 523300
 Period: From 01/01/2012 To 12/31/2012
 Worksheet Non-CMS W
 Date/Time Prepared: 6/19/2013 11:09 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	9	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	FTE'S	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	13	FTE'S	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	GROSS PATIENT REVENUE	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	18	TIME SPENT	18.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 6/19/2013 11:09 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	197,310	1,130	198,440	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,002,623	2,388,459	7,729,559	12,120,641	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	862,373	513,198	1,375,571	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	6,703	6,703	8.00
9.00 00900	HOUSEKEEPING	0	168,493	155,989	324,482	9.00
10.00 01000	DIETARY	0	30,191	871	31,062	10.00
11.00 01100	CAFETERIA	0	586,243	44,238	630,481	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	71,853	37,477	109,330	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	237,384	7,917	245,301	16.00
17.00 01700	SOCIAL SERVICE	0	190,793	2,144	192,937	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	30,879	874	31,753	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	711	0	711	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,976,078	2,396,382	7,372,460	30.00
31.00 03100	INTENSIVE CARE UNIT	0	2,662,480	1,616,458	4,278,938	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02041	OTHER SPECIAL CARE HOT UNIT	0	544,985	61,836	606,821	35.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,417,620	85,981	1,503,601	50.00
51.00 05100	RECOVERY ROOM	0	140,624	43,335	183,959	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	45,571	285,545	331,116	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	701,229	1,530,138	2,229,136	4,460,503	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	67,274	67,274	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	175,158	175,158	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	946,928	473,074	1,420,002	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	114,987	114,987	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	184,182	292,346	476,528	65.00
66.00 06600	PHYSICAL THERAPY	0	537,307	188,256	725,563	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	283,927	76,362	360,289	68.00
69.00 06900	ELECTROCARDIOLOGY	0	222,217	597,400	819,617	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	63,772	117,471	181,243	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	319,664	803,842	1,123,506	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	289,994	164,780	454,774	73.00
74.00 07400	RENAL DIALYSIS	0	58,368	28,959	87,327	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS		
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	2A				4.00
				1.00	2.00					
0			1.00	2.00	2A	4.00				
90.01	09001	ID PRIM CARE SUPP NETWORK	0	81,379	4,290	85,669	386	90.01		
90.02	09002	PAIN/PALLIATIVE CARE	0	196,007	13,783	209,790	532	90.02		
90.03	09003	DIABETIC CLINIC	0	156,431	32,626	189,057	574	90.03		
90.04	09004	GI CLINIC	0	425,286	79,681	504,967	1,402	90.04		
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	110,101	25,752	135,853	268	90.05		
90.06	09006	DIETETICS	0	0	0	0	1,518	90.06		
90.07	09007	INFUSION ROOM	0	91,048	21,483	112,531	327	90.07		
90.08	09008	CARDIOLOGY CLINIC	0	39,031	26,743	65,774	1,055	90.08		
90.09	09009	PULMONARY CLINIC	0	45,334	15,170	60,504	446	90.09		
90.10	09010	ENT CLINIC	0	283,927	50,385	334,312	734	90.10		
90.11	09011	ORTHOPEDIC CLINIC	0	274,803	13,799	288,602	690	90.11		
90.12	09012	EYE CLINIC	0	48,865	11,675	60,540	217	90.12		
90.13	09013	ONCOLOGY CLINIC	0	275,372	22,969	298,341	1,606	90.13		
90.14	09014	SURGICAL SPECIALTIES	0	165,199	47,870	213,069	1,005	90.14		
90.15	09015	ALLERGY CLINIC	0	263,286	52,214	315,500	908	90.15		
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16		
90.17	09017	DERMATOLOGY CLINIC	0	162,687	19,987	182,674	473	90.17		
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18		
90.19	09019	CRANIOFACIAL CENTER	0	54,506	193	54,699	158	90.19		
90.20	09020	HEMATOLOGY CLINIC	0	89,816	0	89,816	345	90.20		
90.21	09021	SPINA BIFIDA	0	66,663	0	66,663	135	90.21		
90.22	09022	NEUROSCIENCES CLINIC	0	192,476	15,898	208,374	1,144	90.22		
90.23	09023	RHEUMATOLOGY CLINIC	0	93,987	2,208	96,195	229	90.23		
90.24	09024	ENDOCRINE CLINIC	0	85,289	0	85,289	147	90.24		
90.25	09025	RENAL CLINIC	0	21,968	4,448	26,416	279	90.25		
90.26	09026	GREENWAY CLINIC	0	0	312,471	312,471	561	90.26		
90.27	09027	NEW BERLIN CLINIC	2,103,821	645,773	323,183	3,072,777	1,339	90.27		
91.00	09100	EMERGENCY	0	642,479	169,843	812,322	6,519	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0	16,683	0	16,683	25	94.00		
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00		
98.00	05950	PSYCHIATRY - OFFICE BLDG	0	194,372	5,831	200,203	1,689	98.00		
98.01	05951	TRANSPORT	45,430	0	115,857	161,287	2,310	98.01		
98.02	05952	GENETICS CENTER	58,563	0	18,904	77,467	820	98.02		
98.03	05953	NUCLEAR MEDICINE	0	35,547	31,246	66,793	257	98.03		
98.04	05954	CHILD DEVELOPMENT	282,564	0	21,524	304,088	114	98.04		
98.05	05955	CHILD PROTECTION CENTER	160,712	27,822	21,627	210,161	1,122	98.05		
98.06	05956	DENTAL SRVC	66,820	121,879	93,854	282,553	2,601	98.06		
99.00	09900	CMHC	0	0	0	0	0	99.00		
99.10	09910	CORF	0	0	0	0	0	99.10		
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS										
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	70	105.00		
106.00	10600	HEART ACQUISITION	0	8,223	0	8,223	305	106.00		
107.00	10700	LIVER ACQUISITION	0	0	0	0	22	107.00		
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00		
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00		
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00		
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00		
116.00	11600	HOSPICE	0	0	0	0	0	116.00		
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,421,762	23,904,783	19,894,196	49,220,741	192,296	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,947	0	56,947	0	190.00		
191.00	19100	RESEARCH	27,113	274,258	2,484	303,855	1,549	191.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00		
194.00	07950	DOWNTOWN HEALTH CENTER	240,149	0	54,604	294,753	16	194.00		
194.01	07951	POISON CENTER	0	70,976	10,412	81,388	1,511	194.01		
194.02	07952	PUBLIC RELATIONS	0	184,371	1,486	185,857	1,080	194.02		
194.03	07953	OUTREACH	0	258,025	0	258,025	984	194.03		
194.04	07954	OTHER OFFSITE CLINICS	142,170	87,233	129,142	358,545	429	194.04		
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	1,826	1,826	283	194.05		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.06 07956 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 07957 NORTH SHORE CLINIC	0	0	4,561	4,561	15	194.07
194.08 07958 ADOLESCENT MEDICINE	0	62,658	10,551	73,209	277	194.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,831,194	24,899,251	20,109,262	50,839,707	198,440	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 6/19/2013 11:09 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	12,148,562			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	524,420	0	1,903,078	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	33,021	0	0	39,724	8.00	
9.00	00900	HOUSEKEEPING	199,323	0	14,948	27	542,200	9.00
10.00	01000	DIETARY	87,696	0	2,678	0	779	10.00
11.00	01100	CAFETERIA	27,928	0	52,010	6	15,136	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	260,264	0	6,375	0	1,855	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	216,022	0	0	0	0	14.00
15.00	01500	PHARMACY	261,785	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	161,665	0	21,060	0	6,129	16.00
17.00	01700	SOCIAL SERVICE	85,911	0	16,927	0	4,926	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	548,505	0	2,739	130	797	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	142,117	0	63	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,040,711	0	441,462	12,217	128,479	30.00
31.00	03100	INTENSIVE CARE UNIT	1,367,183	0	236,207	4,463	68,741	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	294,250	0	48,349	2,192	14,071	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	483,182	0	125,767	6,968	36,601	50.00
51.00	05100	RECOVERY ROOM	83,017	0	12,476	714	3,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,885	0	4,043	0	118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	514,935	0	135,749	1,432	37,655	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	36,442	0	0	384	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58,060	0	0	425	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	75,155	0	0	0	0	59.00
60.00	06000	LABORATORY	694,849	0	84,009	2	24,448	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.	203,879	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	241,499	0	16,340	199	4,755	65.00
66.00	06600	PHYSICAL THERAPY	121,561	0	47,668	148	10,677	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	114,608	0	25,189	0	7,331	68.00
69.00	06900	ELECTROCARDIOLOGY	206,854	0	19,714	317	5,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,250	0	5,658	396	1,646	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	419,122	0	28,360	2,182	8,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	462,251	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	779,745	0	25,727	1	7,487	73.00
74.00	07400	RENAL DIALYSIS	17,057	0	5,178	49	1,507	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	19,821	0	7,220	0	4,083	90.01
90.02	09002	PAI N/PALLIATIVE CARE	25,586	0	17,389	164	5,061	90.02
90.03	09003	DIABETIC CLINIC	29,978	0	13,878	0	4,039	90.03
90.04	09004	GI CLINIC	77,951	0	37,730	10	10,980	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	26,131	0	9,768	1	2,843	90.05
90.06	09006	DIETETICS	56,676	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	17,033	0	8,078	103	2,351	90.07
90.08	09008	CARDIOLOGY CLINIC	45,248	0	3,463	157	1,008	90.08
90.09	09009	PULMONARY CLINIC	20,482	0	4,022	26	1,170	90.09
90.10	09010	ENT CLINIC	43,821	0	25,189	39	7,331	90.10
90.11	09011	ORTHOPEDIC CLINIC	36,081	0	24,380	260	7,095	90.11
90.12	09012	EYE CLINIC	10,059	0	4,335	0	1,262	90.12
90.13	09013	ONCOLOGY CLINIC	70,105	0	24,430	265	7,110	90.13
90.14	09014	SURGICAL SPECIALTIES	48,711	0	14,656	21	4,265	90.14
90.15	09015	ALLERGY CLINIC	46,369	0	23,358	24	6,798	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	28,668	0	14,433	43	4,200	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	8,472	0	4,836	0	1,407	90.19
90.20	09020	HEMATOLOGY CLINIC	15,808	0	7,968	39	2,319	90.20
90.21	09021	SPIROLOGY	8,252	0	5,914	0	1,721	90.21
90.22	09022	NEUROSCIENCES CLINIC	49,322	0	17,076	0	4,969	90.22
90.23	09023	RHEUMATOLOGY CLINIC	13,999	0	8,338	0	2,427	90.23
90.24	09024	ENDOCRINE CLINIC	11,288	0	7,567	0	2,202	90.24
90.25	09025	RENAL CLINIC	8,903	0	1,949	0	567	90.25
90.26	09026	GREENWAY CLINIC	37,184	0	0	86	0	90.26
90.27	09027	NEW BERLIN CLINIC	176,390	0	57,291	1,119	16,673	90.27
91.00	09100	EMERGENCY	278,567	0	56,999	4,647	16,588	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	6,449	0	1,480	0	431	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	74,789	0	17,244	0	5,018	98.00
98.01	05951	TRANSPORT	146,277	0	0	0	0	98.01
98.02	05952	GENETICS CENTER	36,061	0	0	0	0	98.02
98.03	05953	NUCLEAR MEDICINE	27,192	0	3,154	103	918	98.03
98.04	05954	CHILD DEVELOPMENT	15,466	0	0	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	62,073	0	2,468	44	718	98.05
98.06	05956	DENTAL SRVC	124,952	0	10,813	321	0	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	11,289	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	50,745	0	730	0	212	106.00
107.00	10700	LIVER ACQUISITION	5,060	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,613,410	0	1,814,852	39,724	516,525	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,603	0	5,052	0	1,470	190.00
191.00	19100	RESEARCH	213,424	0	24,331	0	7,081	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	11,456	0	0	0	0	194.00
194.01	07951	POISON CENTER	46,523	0	6,297	0	1,832	194.01
194.02	07952	PUBLIC RELATIONS	87,076	0	16,357	0	4,760	194.02
194.03	07953	OUTREACH	53,265	0	22,891	0	6,662	194.03
194.04	07954	OTHER OFFSITE CLINICS	86,051	0	7,739	0	2,252	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	19,227	0	0	0	0	194.05
194.06	07956	EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	07957	NORTH SHORE CLINIC	165	0	0	0	0	194.07
194.08	07958	ADOLESCENT MEDICINE	9,362	0	5,559	0	1,618	194.08
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)	12,148,562	0	1,903,078	39,724	542,200	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 6/19/2013 11:09 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	123,979					10.00
11.00	01100	CAFETERIA	0	725,836				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	23,369	0	407,456		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	20,408	236,430	14.00
15.00	01500	PHARMACY	0	0	0	19,059	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,326	0	12,317	120	16.00
17.00	01700	SOCIAL SERVICE	0	10,060	0	7,835	22	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	35,401	0	0	143	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,195	87,684	0	62,338	4,030	30.00
31.00	03100	INTENSIVE CARE UNIT	10,041	131,764	0	93,679	3,424	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	15,127	20,969	0	14,907	1,009	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14	43,550	0	11,275	431	50.00
51.00	05100	RECOVERY ROOM	0	7,697	0	5,472	107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,591	0	1,842	287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29	29,361	0	20,874	1,735	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	2,353	0	1,673	90	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,699	0	1,919	210	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,540	0	0	365	59.00
60.00	06000	LABORATORY	29	33,429	0	23,766	3,973	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	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	26,099	0	18,555	261	65.00
66.00	06600	PHYSICAL THERAPY	0	10,651	0	0	376	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1	9,673	0	0	46	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,819	0	0	70	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,769	0	2,566	34	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,706	0	20,408	207,803	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,808	0	19,059	6,489	73.00
74.00	07400	RENAL DIALYSIS	0	869	0	546	5	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	0	1,280	0	0	5	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	2,105	0	0	78	90.02
90.03	09003	DIABETIC CLINIC	367	2,903	0	0	53	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
90.04	09004 GI CLINIC	0	6,403	0	0	35	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	0	2,400	0	0	39	90.05
90.06	09006 DIETETICS	0	8,498	0	0	0	90.06
90.07	09007 INFUSION ROOM	2,443	1,711	0	0	33	90.07
90.08	09008 CARDIOLOGY CLINIC	0	4,947	0	0	152	90.08
90.09	09009 PULMONARY CLINIC	0	1,905	0	0	57	90.09
90.10	09010 ENT CLINIC	0	3,477	0	0	246	90.10
90.11	09011 ORTHOPEDIC CLINIC	0	3,932	0	0	80	90.11
90.12	09012 EYE CLINIC	0	1,280	0	0	28	90.12
90.13	09013 ONCOLOGY CLINIC	1,558	7,748	0	0	273	90.13
90.14	09014 SURGICAL SPECIALTIES	0	5,796	0	0	77	90.14
90.15	09015 ALLERGY CLINIC	0	5,249	0	0	85	90.15
90.16	09016 LASER CLINIC	0	0	0	0	0	90.16
90.17	09017 DERMATOLOGY CLINIC	0	696	0	0	106	90.17
90.18	09018 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019 CRANIOFACIAL CENTER	0	591	0	0	0	90.19
90.20	09020 HEMATOLOGY CLINIC	0	1,334	0	0	0	90.20
90.21	09021 SPINA BIFIDA	0	625	0	0	0	90.21
90.22	09022 NEUROSCIENCES CLINIC	14	5,975	0	0	32	90.22
90.23	09023 RHEUMATOLOGY CLINIC	0	1,321	0	0	48	90.23
90.24	09024 ENDOCRINE CLINIC	0	910	0	0	0	90.24
90.25	09025 RENAL CLINIC	0	1,175	0	0	0	90.25
90.26	09026 GREENWAY CLINIC	0	0	0	0	89	90.26
90.27	09027 NEW BERLIN CLINIC	0	0	0	0	720	90.27
91.00	09100 EMERGENCY	59	27,436	0	19,523	986	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	200	0	48	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 PSYCHIATRY - OFFICE BLDG	102	6,980	0	0	61	98.00
98.01	05951 TRANSPORT	0	8,294	0	5,897	362	98.01
98.02	05952 GENETICS CENTER	0	4,329	0	0	54	98.02
98.03	05953 NUCLEAR MEDICINE	0	764	0	0	36	98.03
98.04	05954 CHILD DEVELOPMENT	0	774	0	0	84	98.04
98.05	05955 CHILD PROTECTION CENTER	0	4,923	0	3,466	279	98.05
98.06	05956 DENTAL SRVC	0	8,366	0	9,744	516	98.06
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	489	0	348	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	403	0	106.00
107.00	10700 LIVER ACQUISITION	0	78	0	56	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	123,979	698,081	0	397,983	235,644	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5	190.00
191.00	19100 RESEARCH	0	3,195	0	5,252	17	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 DOWNTOWN HEALTH CENTER	0	71	0	0	78	194.00
194.01	07951 POISON CENTER	0	4,926	0	3,502	5	194.01
194.02	07952 PUBLIC RELATIONS	0	5,052	0	0	0	194.02
194.03	07953 OUTREACH	0	7,551	0	719	0	194.03
194.04	07954 OTHER OFFSITE CLINICS	0	255	0	0	48	194.04
194.05	07955 CHILDREN'S SPECIALTY GROUP	0	1,514	0	0	270	194.05
194.06	07956 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	07957 NORTH SHORE CLINIC	0	0	0	0	62	194.07
194.08	07958 ADOLESCENT MEDICINE	0	5,191	0	0	301	194.08
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)	123,979	725,836	0	407,456	236,430	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	280,844					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	466,617				16.00
17.00 01700 SOCIAL SERVICE	0	0	319,789			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	21	48,869	112,805	0		30.00
31.00 03100 INTENSIVE CARE UNIT	20	75,046	36,969	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
35.00 02041 OTHER SPECIAL CARE HOT UNIT	8	14,342	7,873	0		35.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	41	18,201	723	0		50.00
51.00 05100 RECOVERY ROOM	2	6,423	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	2,259	3,829	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11	19,667	2,605	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0	0		56.00
57.00 05700 CT SCAN	0	4,884	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	9,439	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	14	3,642	0	0		59.00
60.00 06000 LABORATORY	74	54,177	647	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	7,619	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	11	18,609	209	0		65.00
66.00 06600 PHYSICAL THERAPY	0	6,089	14,624	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	3,726	799	0		68.00
69.00 06900 ELECTROCARDIOLOGY	10	5,304	228	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	7	2,933	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	62,629	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,425	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	276,089	52,563	0	0		73.00
74.00 07400 RENAL DIALYSIS	2	1,366	4,146	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 ID PRIM CARE SUPP NETWORK	0	22	1,141	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
				(SPECIFY)		
	15.00	16.00	17.00	18.00	19.00	
90.02 09002 PAIN/PALLIATIVE CARE	0	118	190	0		90.02
90.03 09003 DIABETIC CLINIC	6	706	9,813	0		90.03
90.04 09004 GI CLINIC	26	1,035	0	0		90.04
90.05 09005 CLINIC FOR SPECIAL NEEDS	0	194	9,413	0		90.05
90.06 09006 DIETETICS	0	394	0	0		90.06
90.07 09007 INFUSION ROOM	2	1,578	0	0		90.07
90.08 09008 CARDIOLOGY CLINIC	3	957	16,507	0		90.08
90.09 09009 PULMONARY CLINIC	13	319	8,520	0		90.09
90.10 09010 ENT CLINIC	66	798	0	0		90.10
90.11 09011 ORTHOPEDIC CLINIC	3	969	0	0		90.11
90.12 09012 EYE CLINIC	37	331	1,236	0		90.12
90.13 09013 ONCOLOGY CLINIC	0	2,347	5,192	0		90.13
90.14 09014 SURGICAL SPECIALTIES	33	870	780	0		90.14
90.15 09015 ALLERGY CLINIC	231	901	2,757	0		90.15
90.16 09016 LASER CLINIC	0	0	0	0		90.16
90.17 09017 DERMATOLOGY CLINIC	383	755	1,807	0		90.17
90.18 09018 CLINIC ADMINISTRATION	0	0	0	0		90.18
90.19 09019 CRANIOFACIAL CENTER	0	213	437	0		90.19
90.20 09020 HEMATOLOGY CLINIC	0	216	571	0		90.20
90.21 09021 SPINA BIFIDA	0	138	0	0		90.21
90.22 09022 NEUROSCIENCES CLINIC	2	417	7,360	0		90.22
90.23 09023 RHEUMATOLOGY CLINIC	28	200	2,548	0		90.23
90.24 09024 ENDOCRINE CLINIC	0	218	609	0		90.24
90.25 09025 RENAL CLINIC	0	173	1,046	0		90.25
90.26 09026 GREENWAY CLINIC	2	1,292	0	0		90.26
90.27 09027 NEW BERLIN CLINIC	529	2,839	0	0		90.27
91.00 09100 EMERGENCY	39	9,586	53,647	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	103	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 05950 PSYCHIATRY - OFFICE BLDG	0	1,221	1,141	0		98.00
98.01 05951 TRANSPORT	0	2,734	0	0		98.01
98.02 05952 GENETICS CENTER	5	342	3,214	0		98.02
98.03 05953 NUCLEAR MEDICINE	0	979	0	0		98.03
98.04 05954 CHILD DEVELOPMENT	0	255	894	0		98.04
98.05 05955 CHILD PROTECTION CENTER	789	491	38	0		98.05
98.06 05956 DENTAL SRVC	13	3,665	1,788	0		98.06
99.00 09900 CMHC	0	0	0	0		99.00
99.10 09910 CORF	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	317	5,363	0		105.00
106.00 10600 HEART ACQUISITION	0	1,219	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	101	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
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
116.00 11600 HOSPICE	0	0	0	0		116.00
117.00 06950 OTHER CAPITAL RELATED COSTS	0	0	0	0		117.00
118.00	280,779	465,795	317,640	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	263	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
194.00 07950 DOWNTOWN HEALTH CENTER	0	0	0	0		194.00
194.01 07951 POISON CENTER	0	0	0	0		194.01
194.02 07952 PUBLIC RELATIONS	0	0	0	0		194.02
194.03 07953 OUTREACH	0	0	0	0		194.03
194.04 07954 OTHER OFFSITE CLINICS	63	397	0	0		194.04
194.05 07955 CHILDREN'S SPECIALTY GROUP	0	0	0	0		194.05
194.06 07956 EAST SIDE SPEECH AND HEARING	0	0	0	0		194.06
194.07 07957 NORTH SHORE CLINIC	2	0	0	0		194.07

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 6/19/2013 11:09 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
194.08	07958	ADOLESCENT MEDICINE	0	162	2,149	0		194.08
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	280,844	466,617	319,789	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL	0					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		619,813				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			142,891			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS					9,424,421	30.00
31.00 03100	INTENSIVE CARE UNIT					6,340,278	31.00
32.00 03200	CORONARY CARE UNIT					0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT					0	33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
35.00 02041	OTHER SPECIAL CARE HOT UNIT					1,044,594	35.00
40.00 04000	SUBPROVIDER - I PF					0	40.00
41.00 04100	SUBPROVIDER - I RF					0	41.00
42.00 04200	SUBPROVIDER					0	42.00
43.00 04300	NURSERY					0	43.00
44.00 04400	SKILLED NURSING FACILITY					0	44.00
45.00 04500	NURSING FACILITY					0	45.00
46.00 04600	OTHER LONG TERM CARE					0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM					2,240,910	50.00
51.00 05100	RECOVERY ROOM					305,484	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00 05300	ANESTHESIOLOGY					383,398	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					5,231,465	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00 05600	RADIOISOTOPE					0	56.00
57.00 05700	CT SCAN					113,743	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					248,562	58.00
59.00 05900	CARDIAC CATHETERIZATION					81,716	59.00
60.00 06000	LABORATORY					2,346,048	60.00
60.01 06001	BLOOD LABORATORY					0	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.					326,485	63.00
64.00 06400	INTRAVENOUS THERAPY					0	64.00
65.00 06500	RESPIRATORY THERAPY					808,878	65.00
66.00 06600	PHYSICAL THERAPY					939,762	66.00
67.00 06700	OCCUPATIONAL THERAPY					0	67.00
68.00 06800	SPEECH PATHOLOGY					523,993	68.00
69.00 06900	ELECTROCARDIOLOGY					1,066,988	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					241,268	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					1,904,938	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					469,676	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					1,657,498	73.00
74.00 07400	RENAL DIALYSIS					118,267	74.00
75.00 07500	ASC (NON-DISTINCT PART)					0	75.00
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					0	90.00
90.01 09001	ID PRIM CARE SUPP NETWORK					119,627	90.01
90.02 09002	PAIN/PALLIATIVE CARE					261,013	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
90.03 09003 DIABETIC CLINIC					251,374	90.03	
90.04 09004 GI CLINIC					640,539	90.04	
90.05 09005 CLINIC FOR SPECIAL NEEDS					186,910	90.05	
90.06 09006 DIETETICS					67,086	90.06	
90.07 09007 INFUSION ROOM					146,190	90.07	
90.08 09008 CARDIOLOGY CLINIC					139,271	90.08	
90.09 09009 PULMONARY CLINIC					97,464	90.09	
90.10 09010 ENT CLINIC					416,013	90.10	
90.11 09011 ORTHOPEDIC CLINIC					362,092	90.11	
90.12 09012 EYE CLINIC					79,325	90.12	
90.13 09013 ONCOLOGY CLINIC					418,975	90.13	
90.14 09014 SURGICAL SPECIALTIES					289,283	90.14	
90.15 09015 ALLERGY CLINIC					402,180	90.15	
90.16 09016 LASER CLINIC					0	90.16	
90.17 09017 DERMATOLOGY CLINIC					234,238	90.17	
90.18 09018 CLINIC ADMINISTRATION					0	90.18	
90.19 09019 CRANIOFACIAL CENTER					70,813	90.19	
90.20 09020 HEMATOLOGY CLINIC					118,416	90.20	
90.21 09021 SPINA BIFIDA					83,448	90.21	
90.22 09022 NEUROSCIENCES CLINIC					294,685	90.22	
90.23 09023 RHEUMATOLOGY CLINIC					125,333	90.23	
90.24 09024 ENDOCRINE CLINIC					108,230	90.24	
90.25 09025 RENAL CLINIC					40,508	90.25	
90.26 09026 GREENWAY CLINIC					351,685	90.26	
90.27 09027 NEW BERLIN CLINIC					3,329,677	90.27	
91.00 09100 EMERGENCY					1,286,918	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS					25,419	94.00	
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	
98.00 05950 PSYCHIATRY - OFFICE BLDG					308,448	98.00	
98.01 05951 TRANSPORT					327,161	98.01	
98.02 05952 GENETICS CENTER					122,292	98.02	
98.03 05953 NUCLEAR MEDICINE					100,196	98.03	
98.04 05954 CHILD DEVELOPMENT					321,675	98.04	
98.05 05955 CHILD PROTECTION CENTER					286,572	98.05	
98.06 05956 DENTAL SRVC					445,332	98.06	
99.00 09900 CMHC					0	99.00	
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							
105.00 10500 KIDNEY ACQUISITION					17,876	105.00	
106.00 10600 HEART ACQUISITION					61,837	106.00	
107.00 10700 LIVER ACQUISITION					5,317	107.00	
108.00 10800 LUNG ACQUISITION					0	108.00	
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						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00	
116.00 11600 HOSPICE					0	116.00	
117.00 06950 OTHER CAPITAL RELATED COSTS					0	117.00	
118.00							
SUBTOTALS (SUM OF LINES 1-117)						47,761,790	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					72,077	190.00	
191.00 19100 RESEARCH					558,967	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES					0	192.00	
193.00 19300 NONPAID WORKERS					0	193.00	
194.00 07950 DOWNTOWN HEALTH CENTER					306,374	194.00	
194.01 07951 POISON CENTER					145,984	194.01	
194.02 07952 PUBLIC RELATIONS					300,182	194.02	
194.03 07953 OUTREACH					350,097	194.03	
194.04 07954 OTHER OFFSITE CLINICS					455,779	194.04	
194.05 07955 CHILDREN'S SPECIALTY GROUP					23,120	194.05	
194.06 07956 EAST SIDE SPEECH AND HEARING					0	194.06	
194.07 07957 NORTH SHORE CLINIC					4,805	194.07	
194.08 07958 ADOLESCENT MEDICINE					97,828	194.08	
200.00							
Cross Foot Adjustments						762,704	200.00
	0	619,813	142,891	0			

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	619,813	142,891	0	50,839,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 6/19/2013 11:09 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	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,424,421	31.00
32.00	03200	CORONARY CARE UNIT	6,340,278	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	1,044,594	35.00
40.00	04000	SUBPROVIDER - I/PF	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,240,910	50.00
51.00	05100	RECOVERY ROOM	305,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	383,398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,231,465	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	113,743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	248,562	58.00
59.00	05900	CARDIAC CATHETERIZATION	81,716	59.00
60.00	06000	LABORATORY	2,346,048	60.00
60.01	06001	BLOOD LABORATORY	0	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.	326,485	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	808,878	65.00
66.00	06600	PHYSICAL THERAPY	939,762	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	523,993	68.00
69.00	06900	ELECTROCARDIOLOGY	1,066,988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	241,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,904,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	469,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,657,498	73.00
74.00	07400	RENAL DIALYSIS	118,267	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
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	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	119,627	90.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 6/19/2013 11:09 am
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.02	09002	PAIN/PALLIATIVE CARE	0	261,013	90.02
90.03	09003	DIABETIC CLINIC	0	251,374	90.03
90.04	09004	GI CLINIC	0	640,539	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	186,910	90.05
90.06	09006	DIETETICS	0	67,086	90.06
90.07	09007	INFUSION ROOM	0	146,190	90.07
90.08	09008	CARDIOLOGY CLINIC	0	139,271	90.08
90.09	09009	PULMONARY CLINIC	0	97,464	90.09
90.10	09010	ENT CLINIC	0	416,013	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	362,092	90.11
90.12	09012	EYE CLINIC	0	79,325	90.12
90.13	09013	ONCOLOGY CLINIC	0	418,975	90.13
90.14	09014	SURGICAL SPECIALTIES	0	289,283	90.14
90.15	09015	ALLERGY CLINIC	0	402,180	90.15
90.16	09016	LASER CLINIC	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	234,238	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	70,813	90.19
90.20	09020	HEMATOLOGY CLINIC	0	118,416	90.20
90.21	09021	SPINA BIFIDA	0	83,448	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	294,685	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	125,333	90.23
90.24	09024	ENDOCRINE CLINIC	0	108,230	90.24
90.25	09025	RENAL CLINIC	0	40,508	90.25
90.26	09026	GREENWAY CLINIC	0	351,685	90.26
90.27	09027	NEW BERLIN CLINIC	0	3,329,677	90.27
91.00	09100	EMERGENCY	0	1,286,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	25,419	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	0	308,448	98.00
98.01	05951	TRANSPORT	0	327,161	98.01
98.02	05952	GENETICS CENTER	0	122,292	98.02
98.03	05953	NUCLEAR MEDICINE	0	100,196	98.03
98.04	05954	CHILD DEVELOPMENT	0	321,675	98.04
98.05	05955	CHILD PROTECTION CENTER	0	286,572	98.05
98.06	05956	DENTAL SRVC	0	445,332	98.06
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	17,876	105.00
106.00	10600	HEART ACQUISITION	0	61,837	106.00
107.00	10700	LIVER ACQUISITION	0	5,317	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	47,761,790	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	72,077	190.00
191.00	19100	RESEARCH	0	558,967	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	306,374	194.00
194.01	07951	POISON CENTER	0	145,984	194.01
194.02	07952	PUBLIC RELATIONS	0	300,182	194.02
194.03	07953	OUTREACH	0	350,097	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	455,779	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	23,120	194.05
194.06	07956	EAST SIDE SPEECH AND HEARING	0	0	194.06
194.07	07957	NORTH SHORE CLINIC	0	4,805	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.08	07958 ADOLESCENT MEDICINE	0	97,828	194.08
200.00	Cross Foot Adjustments	0	762,704	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	50,839,707	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared: 6/19/2013 11:09 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,050,686				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		21,515,191			2.00
4.00	00400	EMPLOYEE BENEFITS	8,326	1,209	168,787,392		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	100,787	8,269,962	23,741,987	-97,684,035	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	36,390	549,078	2,625,169	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,172	0	0	8.00
9.00	00900	HOUSEKEEPING	7,110	166,895	2,908,568	0	9.00
10.00	01000	DIETARY	1,274	932	1,500,294	0	10.00
11.00	01100	CAFETERIA	24,738	47,331	234,103	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,032	40,097	5,325,701	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,017	8,471	2,295,007	0	16.00
17.00	01700	SOCIAL SERVICE	8,051	2,294	996,007	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,303	935	293,114	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	30	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	209,978	2,563,924	16,284,389	0	30.00
31.00	03100	INTENSIVE CARE UNIT	112,350	1,729,472	28,786,641	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	22,997	66,159	3,976,572	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	59,820	91,992	8,976,529	0	50.00
51.00	05100	RECOVERY ROOM	5,934	46,365	1,689,038	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,923	305,509	363,693	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,568	2,384,985	5,874,608	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	71,977	547,002	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	187,404	554,359	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	39,958	506,149	5,648,427	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	123,026	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,772	312,785	4,942,622	0	65.00
66.00	06600	PHYSICAL THERAPY	22,673	201,418	2,045,180	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,981	81,701	1,982,333	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,377	639,167	2,821,449	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,691	125,684	651,225	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,489	860,042	3,374,815	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,237	176,300	7,445,390	0	73.00
74.00	07400	RENAL DIALYSIS	2,463	30,984	182,411	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
90.01	09001	ID PRIM CARE SUPP NETWORK	3,434	4,590	328,359	0	604,092	90.01
90.02	09002	PAIN/PALLIATIVE CARE	8,271	14,747	451,966	0	779,811	90.02
90.03	09003	DIABETIC CLINIC	6,601	34,907	487,900	0	913,671	90.03
90.04	09004	GI CLINIC	17,946	85,252	1,192,570	0	2,375,772	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,646	27,552	227,534	0	796,413	90.05
90.06	09006	DIETETICS	0	0	1,290,994	0	1,727,352	90.06
90.07	09007	INFUSION ROOM	3,842	22,985	277,869	0	519,134	90.07
90.08	09008	CARDIOLOGY CLINIC	1,647	28,613	897,064	0	1,379,035	90.08
90.09	09009	PULMONARY CLINIC	1,913	16,231	379,144	0	624,255	90.09
90.10	09010	ENT CLINIC	11,981	53,908	624,544	0	1,335,546	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,596	14,764	587,001	0	1,099,664	90.11
90.12	09012	EYE CLINIC	2,062	12,491	184,631	0	306,579	90.12
90.13	09013	ONCOLOGY CLINIC	11,620	24,575	1,365,974	0	2,136,620	90.13
90.14	09014	SURGICAL SPECIALTIES	6,971	51,217	854,681	0	1,484,593	90.14
90.15	09015	ALLERGY CLINIC	11,110	55,864	772,428	0	1,413,206	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	6,865	21,384	401,855	0	873,743	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2,300	207	134,522	0	258,219	90.19
90.20	09020	HEMATOLOGY CLINIC	3,790	0	293,103	0	481,796	90.20
90.21	09021	SPIRITUALITY	2,813	0	114,607	0	251,509	90.21
90.22	09022	NEUROSCIENCES CLINIC	8,122	17,010	972,519	0	1,503,216	90.22
90.23	09023	RHEUMATOLOGY CLINIC	3,966	2,362	194,815	0	426,670	90.23
90.24	09024	ENDOCRINE CLINIC	3,599	0	125,295	0	344,023	90.24
90.25	09025	RENAL CLINIC	927	4,759	237,666	0	271,350	90.25
90.26	09026	GREENWAY CLINIC	0	334,317	477,303	0	1,133,266	90.26
90.27	09027	NEW BERLIN CLINIC	27,250	345,778	1,138,626	0	5,375,939	90.27
91.00	09100	EMERGENCY	27,111	181,718	5,543,462	0	8,490,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	704	0	21,277	0	196,559	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	8,202	6,239	1,435,848	0	2,279,377	98.00
98.01	05951	TRANSPORT	0	123,957	1,964,022	0	4,458,163	98.01
98.02	05952	GENETICS CENTER	0	20,226	697,014	0	1,099,049	98.02
98.03	05953	NUCLEAR MEDICINE	1,500	33,431	218,472	0	828,742	98.03
98.04	05954	CHILD DEVELOPMENT	0	23,029	97,177	0	471,374	98.04
98.05	05955	CHILD PROTECTION CENTER	1,174	23,139	954,432	0	1,891,833	98.05
98.06	05956	DENTAL SRVC	5,143	100,416	2,211,898	0	3,808,249	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	59,841	0	344,060	105.00
106.00	10600	HEART ACQUISITION	347	0	259,577	0	1,546,590	106.00
107.00	10700	LIVER ACQUISITION	0	0	19,101	0	154,223	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,008,722	21,285,087	163,561,724	-97,684,035	353,952,777	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,403	0	0	0	262,208	190.00
191.00	19100	RESEARCH	11,573	2,658	1,317,448	0	6,504,653	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	58,422	13,375	0	349,161	194.00
194.01	07951	POISON CENTER	2,995	11,140	1,284,817	0	1,417,899	194.01
194.02	07952	PUBLIC RELATIONS	7,780	1,590	918,257	0	2,653,861	194.02
194.03	07953	OUTREACH	10,888	0	836,995	0	1,623,380	194.03
194.04	07954	OTHER OFFSITE CLINICS	3,681	138,171	365,179	0	2,622,638	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	1,954	240,950	0	585,991	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
194.06 07956 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	0	194.06
194.07 07957 NORTH SHORE CLINIC	0	4,880	13,040	0	0	5,018	194.07
194.08 07958 ADOLESCENT MEDICINE	2,644	11,289	235,607	0	0	285,317	194.08
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)	24,899,251	20,109,262	5,917,088			97,684,035	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.698090	0.934654	0.035056			0.263823	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			198,440			12,148,562	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001176			0.032811	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	941,573					6.00
7.00	00700	36,390	905,183				7.00
8.00	00800	0	0	1,236,090			8.00
9.00	00900	7,110	7,110	840	886,163		9.00
10.00	01000	1,274	1,274	0	1,274	88,490	10.00
11.00	01100	24,738	24,738	175	24,738	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,032	3,032	0	3,032	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	10,017	10,017	0	10,017	0	16.00
17.00	01700	8,051	8,051	0	8,051	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,303	1,303	4,060	1,303	0	21.00
22.00	02200	30	30	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	209,978	209,978	380,160	209,978	67,230	30.00
31.00	03100	112,350	112,350	138,869	112,350	7,167	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
34.00	03400	0	0	0	0	0	34.00
35.00	02041	22,997	22,997	68,200	22,997	10,797	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	59,820	59,820	216,821	59,820	10	50.00
51.00	05100	5,934	5,934	22,230	5,934	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	1,923	1,923	0	193	0	53.00
54.00	05400	64,568	64,568	44,570	61,543	21	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	11,940	0	0	57.00
58.00	05800	0	0	13,240	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	39,958	39,958	65	39,958	21	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	7,772	7,772	6,200	7,772	0	65.00
66.00	06600	22,673	22,673	4,600	17,451	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	11,981	11,981	10	11,981	1	68.00
69.00	06900	9,377	9,377	9,870	9,377	0	69.00
70.00	07000	2,691	2,691	12,308	2,691	0	70.00
71.00	07100	13,489	13,489	67,887	13,489	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	12,237	12,237	40	12,237	0	73.00
74.00	07400	2,463	2,463	1,540	2,463	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	3,434	3,434	0	6,674	0	90.01
90.02	09002	8,271	8,271	5,100	8,271	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.03	09003	DIABETIC CLINIC	6,601	6,601	0	6,601	262	90.03
90.04	09004	GI CLINIC	17,946	17,946	300	17,946	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,646	4,646	35	4,646	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,842	3,842	3,200	3,842	1,744	90.07
90.08	09008	CARDIOLOGY CLINIC	1,647	1,647	4,900	1,647	0	90.08
90.09	09009	PULMONARY CLINIC	1,913	1,913	814	1,913	0	90.09
90.10	09010	ENT CLINIC	11,981	11,981	1,200	11,981	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,596	11,596	8,080	11,596	0	90.11
90.12	09012	EYE CLINIC	2,062	2,062	0	2,062	0	90.12
90.13	09013	ONCOLOGY CLINIC	11,620	11,620	8,250	11,620	1,112	90.13
90.14	09014	SURGICAL SPECIALTIES	6,971	6,971	640	6,971	0	90.14
90.15	09015	ALLERGY CLINIC	11,110	11,110	760	11,110	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	6,865	6,865	1,350	6,865	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2,300	2,300	0	2,300	0	90.19
90.20	09020	HEMATOLOGY CLINIC	3,790	3,790	1,200	3,790	0	90.20
90.21	09021	SPINA BIFIDA	2,813	2,813	0	2,813	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	8,122	8,122	0	8,122	10	90.22
90.23	09023	RHEUMATOLOGY CLINIC	3,966	3,966	0	3,966	0	90.23
90.24	09024	ENDOCRINE CLINIC	3,599	3,599	0	3,599	0	90.24
90.25	09025	RENAL CLINIC	927	927	0	927	0	90.25
90.26	09026	GREENWAY CLINIC	0	0	2,669	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	27,250	27,250	34,817	27,250	0	90.27
91.00	09100	EMERGENCY	27,111	27,111	144,600	27,111	42	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	704	704	0	704	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	8,202	8,202	0	8,202	73	98.00
98.01	05951	TRANSPORT	0	0	0	0	0	98.01
98.02	05952	GENETICS CENTER	0	0	0	0	0	98.02
98.03	05953	NUCLEAR MEDICINE	1,500	1,500	3,200	1,500	0	98.03
98.04	05954	CHILD DEVELOPMENT	0	0	0	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	1,174	1,174	1,370	1,174	0	98.05
98.06	05956	DENTAL SRVC	5,143	5,143	9,980	0	0	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	347	347	0	347	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	899,609	863,219	1,236,090	844,199	88,490	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,403	2,403	0	2,403	0	190.00
191.00	19100	RESEARCH	11,573	11,573	0	11,573	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CENTER	2,995	2,995	0	2,995	0	194.01
194.02	07952	PUBLIC RELATIONS	7,780	7,780	0	7,780	0	194.02
194.03	07953	OUTREACH	10,888	10,888	0	10,888	0	194.03
194.04	07954	OTHER OFFSITE CLINICS	3,681	3,681	0	3,681	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06	07956	EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	07957	NORTH SHORE CLINIC	0	0	0	0	0	194.07
194.08	07958	ADOLESCENT MEDICINE	2,644	2,644	0	2,644	0	194.08
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	20,199,754	1,271,900	7,837,090	3,417,609	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	22.315658	1.028970	8.843847	38.621415	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,903,078	39,724	542,200	123,979	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	2.102423	0.032137	0.611851	1.401051	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared: 6/19/2013 11:09 am

Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	213,785					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	6,883	0	168,805			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	8,455	3,401,182		14.00
15.00	01500	PHARMACY	0	0	7,896	0	23,441,699	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,103	0	5,103	1,728	0	16.00
17.00	01700	SOCIAL SERVICE	2,963	0	3,246	322	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,427	0	0	2,057	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,826	0	25,826	57,972	1,765	30.00
31.00	03100	INTENSIVE CARE UNIT	38,810	0	38,810	49,256	1,692	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	6,176	0	6,176	14,508	666	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,827	0	4,671	6,205	3,389	50.00
51.00	05100	RECOVERY ROOM	2,267	0	2,267	1,541	174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	763	0	763	4,131	188,550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,648	0	8,648	24,952	947	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	693	0	693	1,299	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	795	0	795	3,022	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	748	0	0	5,255	1,173	59.00
60.00	06000	LABORATORY	9,846	0	9,846	57,155	6,180	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	7,687	0	7,687	3,749	906	65.00
66.00	06600	PHYSICAL THERAPY	3,137	0	0	5,412	31	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,849	0	0	667	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,714	0	0	1,013	858	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,110	0	1,063	484	565	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,455	0	8,455	2,989,346	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,896	0	7,896	93,345	23,044,515	73.00
74.00	07400	RENAL DIALYSIS	256	0	226	73	199	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	377	0	0	78	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.02	09002	PAIN/PALLIATIVE CARE	620	0	0	1,115	0	90.02
90.03	09003	DIABETIC CLINIC	855	0	0	760	532	90.03
90.04	09004	GI CLINIC	1,886	0	0	503	2,198	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	707	0	0	557	0	90.05
90.06	09006	DIETETICS	2,503	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	504	0	0	476	156	90.07
90.08	09008	CARDIOLOGY CLINIC	1,457	0	0	2,189	224	90.08
90.09	09009	PULMONARY CLINIC	561	0	0	814	1,111	90.09
90.10	09010	ENT CLINIC	1,024	0	0	3,542	5,506	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,158	0	0	1,154	249	90.11
90.12	09012	EYE CLINIC	377	0	0	407	3,121	90.12
90.13	09013	ONCOLOGY CLINIC	2,282	0	0	3,924	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,707	0	0	1,114	2,779	90.14
90.15	09015	ALLERGY CLINIC	1,546	0	0	1,225	19,310	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	205	0	0	1,524	31,966	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	174	0	0	0	36	90.19
90.20	09020	HEMATOLOGY CLINIC	393	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	184	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,760	0	0	461	168	90.22
90.23	09023	RHEUMATOLOGY CLINIC	389	0	0	693	2,345	90.23
90.24	09024	ENDOCRINE CLINIC	268	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	346	0	0	4	0	90.25
90.26	09026	GREENWAY CLINIC	0	0	0	1,275	176	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	10,358	44,160	90.27
91.00	09100	EMERGENCY	8,081	0	8,088	14,180	3,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	59	0	20	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	2,056	0	0	881	0	98.00
98.01	05951	TRANSPORT	2,443	0	2,443	5,214	0	98.01
98.02	05952	GENETICS CENTER	1,275	0	0	773	446	98.02
98.03	05953	NUCLEAR MEDICINE	225	0	0	516	0	98.03
98.04	05954	CHILD DEVELOPMENT	228	0	0	1,211	0	98.04
98.05	05955	CHILD PROTECTION CENTER	1,450	0	1,436	4,017	65,846	98.05
98.06	05956	DENTAL SRVC	2,464	0	4,037	7,430	1,053	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	144	0	144	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	167	0	0	106.00
107.00	10700	LIVER ACQUISITION	23	0	23	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	205,610	0	164,880	3,389,887	23,436,234	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	67	0	190.00
191.00	19100	RESEARCH	941	0	2,176	248	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	21	0	0	1,115	0	194.00
194.01	07951	POISON CENTER	1,451	0	1,451	70	0	194.01
194.02	07952	PUBLIC RELATIONS	1,488	0	0	0	0	194.02
194.03	07953	OUTREACH	2,224	0	298	0	0	194.03
194.04	07954	OTHER OFFSITE CLINICS	75	0	0	697	5,300	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	446	0	0	3,877	0	194.05
194.06	07956	EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	07957	NORTH SHORE CLINIC	0	0	0	894	165	194.07

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.08	07958	ADOLESCENT MEDICINE	1,529	0	0	4,327	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,846,749	0	10,178,841	8,830,618	10,559,638	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.638347	0.000000	60.299405	2.596338	0.450464	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	725,836	0	407,456	236,430	280,844	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.395168	0.000000	2.413767	0.069514	0.011981	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2012

Worksheet B-1
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	885,535,750					16.00
17.00 01700 SOCIAL SERVICE	0	16,816				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	92,731,485	5,932	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	142,521,373	1,944	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02041 OTHER SPECIAL CARE HOT UNIT	27,214,772	414	0	0	0	35.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	34,537,023	38	0	0	0	50.00
51.00 05100 RECOVERY ROOM	12,187,259	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	7,265,464	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	37,318,604	137	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	9,267,226	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	17,910,845	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	6,910,553	0	0	0	0	59.00
60.00 06000 LABORATORY	102,803,117	34	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.	14,457,134	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	35,310,255	11	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	11,554,696	769	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	7,070,812	42	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	10,065,270	12	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,565,056	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	118,840,152	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	14,088,304	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	99,740,944	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,591,813	218	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	18.00	19.00	20.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	42,452	60	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	223,318	10	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	1,339,139	516	0	0	0	90.03
90.04	09004	GI CLINIC	1,964,701	0	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	368,574	495	0	0	0	90.05
90.06	09006	DIETETICS	748,435	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	2,993,584	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	1,815,791	868	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	605,770	448	0	0	0	90.09
90.10	09010	ENT CLINIC	1,514,457	0	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,839,050	0	0	0	0	90.11
90.12	09012	EYE CLINIC	627,613	65	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	4,453,505	273	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,651,575	41	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	1,709,915	145	0	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,432,672	95	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	403,426	23	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	409,412	30	0	0	0	90.20
90.21	09021	SPI NA BIFIDA	261,417	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	790,599	387	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	379,993	134	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	413,233	32	0	0	0	90.24
90.25	09025	RENAL CLINIC	329,151	55	0	0	0	90.25
90.26	09026	GREENWAY CLINIC	2,450,887	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	5,386,726	0	0	0	0	90.27
91.00	09100	EMERGENCY	18,188,903	2,821	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	196,256	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	2,316,374	60	0	0	0	98.00
98.01	05951	TRANSPORT	5,186,943	0	0	0	0	98.01
98.02	05952	GENETICS CENTER	648,326	169	0	0	0	98.02
98.03	05953	NUCLEAR MEDICINE	1,857,687	0	0	0	0	98.03
98.04	05954	CHILD DEVELOPMENT	483,662	47	0	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	930,801	2	0	0	0	98.05
98.06	05956	DENTAL SRVC	6,954,158	94	0	0	0	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	600,730	282	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,313,696	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	190,737	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	883,975,825	16,703	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	499,841	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CENTER	0	0	0	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
194.04 07954 OTHER OFFSITE CLINICS	753,350	0	0	0	0	194.04
194.05 07955 CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06 07956 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 07957 NORTH SHORE CLINIC	0	0	0	0	0	194.07
194.08 07958 ADOLESCENT MEDICINE	306,734	113	0	0	0	194.08
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)	6,895,468	3,782,180	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.007787	224.915557	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	466,617	319,789	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000527	19.016948	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	465,321				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		465,321			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	114,983	114,983	0		30.00
31.00 03100 INTENSIVE CARE UNIT	57,742	57,742	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0		33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0		33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
35.00 02041 OTHER SPECIAL CARE HOT UNIT	15,377	15,377	0		35.00
40.00 04000 SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	38,983	38,983	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	30,679	30,679	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,548	13,548	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	6,368	6,368	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	2,060	2,060	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	8,815	8,815	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	8,456	8,456	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	2,827	2,827	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	INTERNS & RESIDENTS			PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
90.01 09001 ID PRIM CARE SUPP NETWORK	240	240	0		90.01
90.02 09002 PAIN/PALLIATIVE CARE	0	0	0		90.02
90.03 09003 DIABETIC CLINIC	0	0	0		90.03
90.04 09004 GI CLINIC	11,223	11,223	0		90.04
90.05 09005 CLINIC FOR SPECIAL NEEDS	0	0	0		90.05
90.06 09006 DIETETICS	0	0	0		90.06
90.07 09007 INFUSION ROOM	0	0	0		90.07
90.08 09008 CARDIOLOGY CLINIC	16,490	16,490	0		90.08
90.09 09009 PULMONARY CLINIC	2,942	2,942	0		90.09
90.10 09010 ENT CLINIC	5,179	5,179	0		90.10
90.11 09011 ORTHOPEDIC CLINIC	0	0	0		90.11
90.12 09012 EYE CLINIC	1,787	1,787	0		90.12
90.13 09013 ONCOLOGY CLINIC	0	0	0		90.13
90.14 09014 SURGICAL SPECIALTIES	2,043	2,043	0		90.14
90.15 09015 ALLERGY CLINIC	8,992	8,992	0		90.15
90.16 09016 LASER CLINIC	0	0	0		90.16
90.17 09017 DERMATOLOGY CLINIC	5,536	5,536	0		90.17
90.18 09018 CLINIC ADMINISTRATION	0	0	0		90.18
90.19 09019 CRANIOFACIAL CENTER	0	0	0		90.19
90.20 09020 HEMATOLOGY CLINIC	0	0	0		90.20
90.21 09021 SPINALIFIDA	0	0	0		90.21
90.22 09022 NEUROSCIENCES CLINIC	8,456	8,456	0		90.22
90.23 09023 RHEUMATOLOGY CLINIC	4,084	4,084	0		90.23
90.24 09024 ENDOCRINE CLINIC	3,273	3,273	0		90.24
90.25 09025 RENAL CLINIC	11,014	11,014	0		90.25
90.26 09026 GREENWAY CLINIC	0	0	0		90.26
90.27 09027 NEW BERLIN CLINIC	0	0	0		90.27
91.00 09100 EMERGENCY	35,878	35,878	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 05950 PSYCHIATRY - OFFICE BLDG	7,091	7,091	0		98.00
98.01 05951 TRANSPORT	0	0	0		98.01
98.02 05952 GENETICS CENTER	2,332	2,332	0		98.02
98.03 05953 NUCLEAR MEDICINE	0	0	0		98.03
98.04 05954 CHILD DEVELOPMENT	5,681	5,681	0		98.04
98.05 05955 CHILD PROTECTION CENTER	9,672	9,672	0		98.05
98.06 05956 DENTAL SRVC	16,099	16,099	0		98.06
99.00 09900 CMHC	0	0	0		99.00
99.10 09910 CORF	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
114.00 11400 UTILIZATION REVIEW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0		116.00
117.00 06950 OTHER CAPITAL RELATED COSTS	0	0	0		117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	457,850	457,850	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0		193.00
194.00 07950 DOWNTOWN HEALTH CENTER	6,743	6,743	0		194.00
194.01 07951 POISON CENTER	0	0	0		194.01
194.02 07952 PUBLIC RELATIONS	0	0	0		194.02
194.03 07953 OUTREACH	0	0	0		194.03
194.04 07954 OTHER OFFSITE CLINICS	0	0	0		194.04
194.05 07955 CHILDREN'S SPECIALTY GROUP	0	0	0		194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
194.06 07956 EAST SIDE SPEECH AND HEARING	0	0	0		194.06
194.07 07957 NORTH SHORE CLINIC	0	0	0		194.07
194.08 07958 ADOLESCENT MEDICINE	728	728	0		194.08
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)	21,267,664	5,474,768	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	45.705360	11.765573	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	619,813	142,891	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.332012	0.307080	0.000000		205.00

Provider CCN: 523300

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

Worksheet B-2
 Date/Time Prepared:
 6/19/2013 11:09 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	-25,719	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
6/19/2013 11:09 am

			Title XVIIII		Hospital		Tefra		
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	53,604,887		53,604,887	0	0	92,731,485	30.00
31.00	03100	INTENSIVE CARE UNIT	60,938,173		60,938,173	0	0	142,521,373	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	13,306,491		13,306,491	0	0	27,214,772	35.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,386,388		21,386,388	0	0	27,764,112	50.00
51.00	05100	RECOVERY ROOM	3,660,724		3,660,724	0	0	3,215,557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,670,193		1,670,193	0	0	3,067,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,849,032		22,849,032	0	0	12,759,623	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	1,539,293		1,539,293	0	0	3,348,915	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,452,131		2,452,131	0	0	5,360,080	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,969,269		2,969,269	0	0	2,312,632	59.00
60.00	06000	LABORATORY	29,648,464		29,648,464	0	0	54,867,956	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 STORAGE, PROCESSING & TRANS.	7,965,647		7,965,647	0	0	8,671,528	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,368,188	0	10,368,188	0	0	29,780,916	65.00
66.00	06600	PHYSICAL THERAPY	5,651,455	0	5,651,455	0	0	4,618,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,878,704	0	4,878,704	0	0	1,624,636	68.00
69.00	06900	ELECTROCARDIOLOGY	8,368,888		8,368,888	0	0	2,697,289	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,842,456		1,842,456	0	0	4,417,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,903,639		25,903,639	0	0	85,025,352	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,914,829		17,914,829	0	0	14,088,304	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,359,875		42,359,875	0	0	65,796,517	73.00
74.00	07400	RENAL DIALYSIS	794,941		794,941	0	0	612,366	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	916,407		916,407	0	0	0	90.01
90.02	09002	PAI N/PALLIATIVE CARE	1,260,750		1,260,750	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	1,506,604		1,506,604	0	0	1,083	90.03
90.04	09004	GI CLINIC	3,595,940		3,595,940	0	0	128,125	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,273,085		1,273,085	0	0	991	90.05
90.06	09006	DIETETICS	2,210,517		2,210,517	0	0	546,291	90.06
90.07	09007	INFUSION ROOM	875,428		875,428	0	0	6,128	90.07
90.08	09008	CARDIOLOGY CLINIC	2,026,955		2,026,955	0	0	89,925	90.08
90.09	09009	PULMONARY CLINIC	962,332		962,332	0	0	6,582	90.09
90.10	09010	ENT CLINIC	2,094,766		2,094,766	0	0	2,470	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,786,852		1,786,852	0	0	9,382	90.11
90.12	09012	EYE CLINIC	476,940		476,940	0	0	552	90.12

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
6/19/2013 11:09 am

			Title XVIII		Hospital		Tefra	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Diallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
90.13 09013 ONCOLOGY CLINIC	3,239,801		3,239,801	0	0	453,443	90.13	
90.14 09014 SURGICAL SPECIALTIES	2,135,107		2,135,107	0	0	10,330	90.14	
90.15 09015 ALLERGY CLINIC	2,204,168		2,204,168	0	0	2,487	90.15	
90.16 09016 LASER CLINIC	0		0	0	0	0	90.16	
90.17 09017 DERMATOLOGY CLINIC	1,372,206		1,372,206	0	0	1,516	90.17	
90.18 09018 CLINIC ADMINISTRATION	0		0	0	0	0	90.18	
90.19 09019 CRANIOFACIAL CENTER	407,843		407,843	0	0	1,768	90.19	
90.20 09020 HEMATOLOGY CLINIC	741,564		741,564	0	0	2,636	90.20	
90.21 09021 SPINA BIFIDA	409,140		409,140	0	0	320	90.21	
90.22 09022 NEUROSCIENCES CLINIC	2,262,937		2,262,937	0	0	6,615	90.22	
90.23 09023 RHEUMATOLOGY CLINIC	702,127		702,127	0	0	1,056	90.23	
90.24 09024 ENDOCRINE CLINIC	559,657		559,657	0	0	643	90.24	
90.25 09025 RENAL CLINIC	389,755		389,755	0	0	2,067	90.25	
90.26 09026 GREENWAY CLINIC	1,457,468		1,457,468	0	0	0	90.26	
90.27 09027 NEW BERLIN CLINIC	7,767,889		7,767,889	0	0	4,436	90.27	
91.00 09100 EMERGENCY	13,096,987		13,096,987	0	0	2,526,660	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	273,596		273,596	0	0	364	94.00	
95.00 09500 AMBULANCE SERVICES	0		0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00	
98.00 05950 PSYCHIATRY - OFFICE BLDG	3,190,698		3,190,698	0	0	187,902	98.00	
98.01 05951 TRANSPORT	5,856,671		5,856,671	0	0	4,598,822	98.01	
98.02 05952 GENETICS CENTER	1,445,285		1,445,285	0	0	50,561	98.02	
98.03 05953 NUCLEAR MEDICINE	1,115,165		1,115,165	0	0	337,551	98.03	
98.04 05954 CHILD DEVELOPMENT	615,184		615,184	0	0	0	98.04	
98.05 05955 CHILD PROTECTION CENTER	2,575,838		2,575,838	0	0	0	98.05	
98.06 05956 DENTAL SRVC	5,297,764		5,297,764	0	0	120	98.06	
99.00 09900 CMHC	0		0	0	0	0	99.00	
99.10 09910 CORF	0		0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	512,862		512,862	0	0	584,954	105.00	
106.00 10600 HEART ACQUISITION	1,993,516		1,993,516	0	0	2,310,090	106.00	
107.00 10700 LIVER ACQUISITION	197,982		197,982	0	0	187,166	107.00	
108.00 10800 LUNG ACQUISITION	0		0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0		0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0		0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0		0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00	
116.00 11600 HOSPICE	0		0	0	0	0	116.00	
117.00 06950 OTHER CAPITAL RELATED COSTS	0		0	0	0	0	117.00	
200.00	Subtotal (see instructions)	418,881,453	0	418,881,453	0	0	604,560,367	200.00
201.00	Less Observation Beds	0	0	0	0	0	0	201.00
202.00	Total (see instructions)	418,881,453	0	418,881,453	0	0	604,560,367	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
6/19/2013 11:09 am

		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital		
Cost Center Description		Outpatient	Total (col. 6 + col. 7)				7.00	8.00	9.00
Title XVIII									
Hospital									
Tefra									
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	92,731,485						30.00
31.00	03100	INTENSIVE CARE UNIT	142,521,373						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	27,214,772						35.00
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
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
46.00	04600	OTHER LONG TERM CARE	0						46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,772,911	34,537,023	0.619231	0.619231	0.000000		50.00
51.00	05100	RECOVERY ROOM	8,971,701	12,187,258	0.300373	0.300373	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	4,197,542	7,265,464	0.229881	0.229881	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,558,980	37,318,603	0.612269	0.612269	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
57.00	05700	CT SCAN	5,918,311	9,267,226	0.166101	0.166101	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,550,765	17,910,845	0.136908	0.136908	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,597,921	6,910,553	0.429672	0.429672	0.000000		59.00
60.00	06000	LABORATORY	47,935,161	102,803,117	0.288400	0.288400	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	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.	5,785,605	14,457,133	0.550984	0.550984	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	5,529,340	35,310,256	0.293631	0.293631	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,936,697	11,554,697	0.489105	0.489105	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	5,446,176	7,070,812	0.689978	0.689978	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	7,367,981	10,065,270	0.831462	0.831462	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,147,060	5,565,056	0.331076	0.331076	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,814,800	118,840,152	0.217970	0.217970	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,088,304	1.271610	1.271610	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,944,427	99,740,944	0.424699	0.424699	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,979,447	2,591,813	0.306712	0.306712	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	42,452	42,452	21.586898	21.586898	0.000000		90.01
90.02	09002	PAIN/PALLIATIVE CARE	223,318	223,318	5.645537	5.645537	0.000000		90.02
90.03	09003	DIABETIC CLINIC	1,338,056	1,339,139	1.125054	1.125054	0.000000		90.03
90.04	09004	GI CLINIC	1,836,576	1,964,701	1.830273	1.830273	0.000000		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	367,584	368,575	3.454073	3.454073	0.000000		90.05
90.06	09006	DIETETICS	202,145	748,436	2.953515	2.953515	0.000000		90.06
90.07	09007	INFUSION ROOM	2,987,455	2,993,583	0.292435	0.292435	0.000000		90.07
90.08	09008	CARDIOLOGY CLINIC	1,725,866	1,815,791	1.116293	1.116293	0.000000		90.08
90.09	09009	PULMONARY CLINIC	599,188	605,770	1.588610	1.588610	0.000000		90.09
90.10	09010	ENT CLINIC	1,511,987	1,514,457	1.383180	1.383180	0.000000		90.10
90.11	09011	ORTHOPEDIC CLINIC	1,829,668	1,839,050	0.971617	0.971617	0.000000		90.11
90.12	09012	EYE CLINIC	627,061	627,613	0.759927	0.759927	0.000000		90.12

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
6/19/2013 11:09 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Tefra		
Cost Center Description			Outpatient	Total (col. 6 + col. 7)				9.00	10.00	11.00
			7.00	8.00						
90.13	09013	ONCOLOGY CLINIC	4,000,062	4,453,505	0.727472	0.727472	0.000000			90.13
90.14	09014	SURGICAL SPECIALTIES	1,641,244	1,651,574	1.292771	1.292771	0.000000			90.14
90.15	09015	ALLERGY CLINIC	1,707,428	1,709,915	1.289051	1.289051	0.000000			90.15
90.16	09016	LASER CLINIC	0	0	0.000000	0.000000	0.000000			90.16
90.17	09017	DERMATOLOGY CLINIC	1,431,156	1,432,672	0.957795	0.957795	0.000000			90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0.000000	0.000000	0.000000			90.18
90.19	09019	CRANIOFACIAL CENTER	401,658	403,426	1.010949	1.010949	0.000000			90.19
90.20	09020	HEMATOLOGY CLINIC	406,776	409,412	1.811290	1.811290	0.000000			90.20
90.21	09021	SPI NABI FIDA	261,097	261,417	1.565086	1.565086	0.000000			90.21
90.22	09022	NEUROSCIENCES CLINIC	783,985	790,600	2.862303	2.862303	0.000000			90.22
90.23	09023	RHEUMATOLOGY CLINIC	378,937	379,993	1.847737	1.847737	0.000000			90.23
90.24	09024	ENDOCRINE CLINIC	412,589	413,232	1.354341	1.354341	0.000000			90.24
90.25	09025	RENAL CLINIC	327,083	329,150	1.184126	1.184126	0.000000			90.25
90.26	09026	GREENWAY CLINIC	2,450,887	2,450,887	0.594670	0.594670	0.000000			90.26
90.27	09027	NEW BERLIN CLINIC	5,382,290	5,386,726	1.442043	1.442043	0.000000			90.27
91.00	09100	EMERGENCY	15,662,244	18,188,904	0.720054	0.720054	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	195,892	196,256	1.394077	1.394077	0.000000			94.00
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
98.00	05950	PSYCHIATRY - OFFICE BLDG	2,128,472	2,316,374	1.377454	1.377454	0.000000			98.00
98.01	05951	TRANSPORT	588,120	5,186,942	1.129118	1.129118	0.000000			98.01
98.02	05952	GENETICS CENTER	597,765	648,326	2.229257	2.229257	0.000000			98.02
98.03	05953	NUCLEAR MEDICINE	1,520,136	1,857,687	0.600298	0.600298	0.000000			98.03
98.04	05954	CHILD DEVELOPMENT	483,662	483,662	1.271930	1.271930	0.000000			98.04
98.05	05955	CHILD PROTECTION CENTER	930,801	930,801	2.767335	2.767335	0.000000			98.05
98.06	05956	DENTAL SRVC	6,954,038	6,954,158	0.761812	0.761812	0.000000			98.06
99.00	09900	CMHC	0	0						99.00
99.10	09910	CORF	0	0						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0						100.00
101.00	10100	HOME HEALTH AGENCY	0	0						101.00
SPECIAL PURPOSE COST CENTERS										
105.00	10500	KIDNEY ACQUISITION	15,122	600,076						105.00
106.00	10600	HEART ACQUISITION	3,606	2,313,696						106.00
107.00	10700	LIVER ACQUISITION	3,572	190,738						107.00
108.00	10800	LUNG ACQUISITION	0	0						108.00
109.00	10900	PANCREAS ACQUISITION	0	0						109.00
110.00	11000	INTESTINAL ACQUISITION	0	0						110.00
111.00	11100	ISLET ACQUISITION	0	0						111.00
113.00	11300	INTEREST EXPENSE								113.00
114.00	11400	UTILIZATION REVIEW-SNF								114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0						115.00
116.00	11600	HOSPICE	0	0						116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0						117.00
200.00		Subtotal (see instructions)	279,414,803	883,975,170						200.00
201.00		Less Observation Beds								201.00
202.00		Total (see instructions)	279,414,803	883,975,170						202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
6/19/2013 11:09 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	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	53,604,887		53,604,887	0	0	92,731,485	30.00
31.00	03100	INTENSIVE CARE UNIT	60,938,173		60,938,173	0	0	142,521,373	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	13,306,491		13,306,491	0	0	27,214,772	35.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,386,388		21,386,388	0	0	27,764,112	50.00
51.00	05100	RECOVERY ROOM	3,660,724		3,660,724	0	0	3,215,557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,670,193		1,670,193	0	0	3,067,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,849,032		22,849,032	0	0	12,759,623	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	1,539,293		1,539,293	0	0	3,348,915	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,452,131		2,452,131	0	0	5,360,080	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,969,269		2,969,269	0	0	2,312,632	59.00
60.00	06000	LABORATORY	29,648,464		29,648,464	0	0	54,867,956	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 STORAGE, PROCESSING & TRANS.	7,965,647		7,965,647	0	0	8,671,528	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,368,188	0	10,368,188	0	0	29,780,916	65.00
66.00	06600	PHYSICAL THERAPY	5,651,455	0	5,651,455	0	0	4,618,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,878,704	0	4,878,704	0	0	1,624,636	68.00
69.00	06900	ELECTROCARDIOLOGY	8,368,888		8,368,888	0	0	2,697,289	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,842,456		1,842,456	0	0	4,417,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,903,639		25,903,639	0	0	85,025,352	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,914,829		17,914,829	0	0	14,088,304	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,359,875		42,359,875	0	0	65,796,517	73.00
74.00	07400	RENAL DIALYSIS	794,941		794,941	0	0	612,366	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	916,407		916,407	0	0	0	90.01
90.02	09002	PAI N/PALLIATIVE CARE	1,260,750		1,260,750	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	1,506,604		1,506,604	0	0	1,083	90.03
90.04	09004	GI CLINIC	3,595,940		3,595,940	0	0	128,125	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,273,085		1,273,085	0	0	991	90.05
90.06	09006	DIETETICS	2,210,517		2,210,517	0	0	546,291	90.06
90.07	09007	INFUSION ROOM	875,428		875,428	0	0	6,128	90.07
90.08	09008	CARDIOLOGY CLINIC	2,026,955		2,026,955	0	0	89,925	90.08
90.09	09009	PULMONARY CLINIC	962,332		962,332	0	0	6,582	90.09
90.10	09010	ENT CLINIC	2,094,766		2,094,766	0	0	2,470	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,786,852		1,786,852	0	0	9,382	90.11
90.12	09012	EYE CLINIC	476,940		476,940	0	0	552	90.12

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
6/19/2013 11:09 am

			Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Dissallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
90.13 09013 ONCOLOGY CLINIC	3,239,801		3,239,801	0	0	453,443	90.13	
90.14 09014 SURGICAL SPECIALTIES	2,135,107		2,135,107	0	0	10,330	90.14	
90.15 09015 ALLERGY CLINIC	2,204,168		2,204,168	0	0	2,487	90.15	
90.16 09016 LASER CLINIC	0		0	0	0	0	90.16	
90.17 09017 DERMATOLOGY CLINIC	1,372,206		1,372,206	0	0	1,516	90.17	
90.18 09018 CLINIC ADMINISTRATION	0		0	0	0	0	90.18	
90.19 09019 CRANIOFACIAL CENTER	407,843		407,843	0	0	1,768	90.19	
90.20 09020 HEMATOLOGY CLINIC	741,564		741,564	0	0	2,636	90.20	
90.21 09021 SPINA BIFIDA	409,140		409,140	0	0	320	90.21	
90.22 09022 NEUROSCIENCES CLINIC	2,262,937		2,262,937	0	0	6,615	90.22	
90.23 09023 RHEUMATOLOGY CLINIC	702,127		702,127	0	0	1,056	90.23	
90.24 09024 ENDOCRINE CLINIC	559,657		559,657	0	0	643	90.24	
90.25 09025 RENAL CLINIC	389,755		389,755	0	0	2,067	90.25	
90.26 09026 GREENWAY CLINIC	1,457,468		1,457,468	0	0	0	90.26	
90.27 09027 NEW BERLIN CLINIC	7,767,889		7,767,889	0	0	4,436	90.27	
91.00 09100 EMERGENCY	13,096,987		13,096,987	0	0	2,526,660	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	273,596		273,596	0	0	364	94.00	
95.00 09500 AMBULANCE SERVICES	0		0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00	
98.00 05950 PSYCHIATRY - OFFICE BLDG	3,190,698		3,190,698	0	0	187,902	98.00	
98.01 05951 TRANSPORT	5,856,671		5,856,671	0	0	4,598,822	98.01	
98.02 05952 GENETICS CENTER	1,445,285		1,445,285	0	0	50,561	98.02	
98.03 05953 NUCLEAR MEDICINE	1,115,165		1,115,165	0	0	337,551	98.03	
98.04 05954 CHILD DEVELOPMENT	615,184		615,184	0	0	0	98.04	
98.05 05955 CHILD PROTECTION CENTER	2,575,838		2,575,838	0	0	0	98.05	
98.06 05956 DENTAL SRVC	5,297,764		5,297,764	0	0	120	98.06	
99.00 09900 CMHC	0		0	0	0	0	99.00	
99.10 09910 CORF	0		0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	512,862		512,862	0	0	584,954	105.00	
106.00 10600 HEART ACQUISITION	1,993,516		1,993,516	0	0	2,310,090	106.00	
107.00 10700 LIVER ACQUISITION	197,982		197,982	0	0	187,166	107.00	
108.00 10800 LUNG ACQUISITION	0		0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0		0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0		0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0		0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00	
116.00 11600 HOSPICE	0		0	0	0	0	116.00	
117.00 06950 OTHER CAPITAL RELATED COSTS	0		0	0	0	0	117.00	
200.00	Subtotal (see instructions)	418,881,453	0	418,881,453	0	0	604,560,367	200.00
201.00	Less Observation Beds	0	0	0	0	0	0	201.00
202.00	Total (see instructions)	418,881,453	0	418,881,453	0	0	604,560,367	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
6/19/2013 11:09 am

			Title XIX		Hospital		Cost	
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		92,731,485				30.00
31.00	03100	INTENSIVE CARE UNIT		142,521,373				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT		27,214,772				35.00
40.00	04000	SUBPROVIDER - I PF		0				40.00
41.00	04100	SUBPROVIDER - I RF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		0				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
46.00	04600	OTHER LONG TERM CARE		0				46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,772,911	34,537,023	0.619231	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	8,971,701	12,187,258	0.300373	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	4,197,542	7,265,464	0.229881	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,558,980	37,318,603	0.612269	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	0	0	0.000000	0.000000	0.000000	56.00
57.00	05700	CT SCAN	5,918,311	9,267,226	0.166101	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,550,765	17,910,845	0.136908	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,597,921	6,910,553	0.429672	0.000000	0.000000	59.00
60.00	06000	LABORATORY	47,935,161	102,803,117	0.288400	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	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.	5,785,605	14,457,133	0.550984	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	5,529,340	35,310,256	0.293631	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,936,697	11,554,697	0.489105	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	5,446,176	7,070,812	0.689978	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,367,981	10,065,270	0.831462	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,147,060	5,565,056	0.331076	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,814,800	118,840,152	0.217970	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,088,304	1.271610	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,944,427	99,740,944	0.424699	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,979,447	2,591,813	0.306712	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
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	0	0	0.000000	0.000000	0.000000	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	42,452	42,452	21.586898	0.000000	0.000000	90.01
90.02	09002	PAIN/PALLIATIVE CARE	223,318	223,318	5.645537	0.000000	0.000000	90.02
90.03	09003	DIABETIC CLINIC	1,338,056	1,339,139	1.125054	0.000000	0.000000	90.03
90.04	09004	GI CLINIC	1,836,576	1,964,701	1.830273	0.000000	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	367,584	368,575	3.454073	0.000000	0.000000	90.05
90.06	09006	DIETETICS	202,145	748,436	2.953515	0.000000	0.000000	90.06
90.07	09007	INFUSION ROOM	2,987,455	2,993,583	0.292435	0.000000	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	1,725,866	1,815,791	1.116293	0.000000	0.000000	90.08
90.09	09009	PULMONARY CLINIC	599,188	605,770	1.588610	0.000000	0.000000	90.09
90.10	09010	ENT CLINIC	1,511,987	1,514,457	1.383180	0.000000	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,829,668	1,839,050	0.971617	0.000000	0.000000	90.11
90.12	09012	EYE CLINIC	627,061	627,613	0.759927	0.000000	0.000000	90.12

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
6/19/2013 11:09 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00	9.00	10.00	11.00			
90.13 09013 ONCOLOGY CLINIC	4,000,062	4,453,505	0.727472	0.000000	0.000000		90.13	
90.14 09014 SURGICAL SPECIALTIES	1,641,244	1,651,574	1.292771	0.000000	0.000000		90.14	
90.15 09015 ALLERGY CLINIC	1,707,428	1,709,915	1.289051	0.000000	0.000000		90.15	
90.16 09016 LASER CLINIC	0	0	0.000000	0.000000	0.000000		90.16	
90.17 09017 DERMATOLOGY CLINIC	1,431,156	1,432,672	0.957795	0.000000	0.000000		90.17	
90.18 09018 CLINIC ADMINISTRATION	0	0	0.000000	0.000000	0.000000		90.18	
90.19 09019 CRANIOFACIAL CENTER	401,658	403,426	1.010949	0.000000	0.000000		90.19	
90.20 09020 HEMATOLOGY CLINIC	406,776	409,412	1.811290	0.000000	0.000000		90.20	
90.21 09021 SPINA BIFIDA	261,097	261,417	1.565086	0.000000	0.000000		90.21	
90.22 09022 NEUROSCIENCES CLINIC	783,985	790,600	2.862303	0.000000	0.000000		90.22	
90.23 09023 RHEUMATOLOGY CLINIC	378,937	379,993	1.847737	0.000000	0.000000		90.23	
90.24 09024 ENDOCRINE CLINIC	412,589	413,232	1.354341	0.000000	0.000000		90.24	
90.25 09025 RENAL CLINIC	327,083	329,150	1.184126	0.000000	0.000000		90.25	
90.26 09026 GREENWAY CLINIC	2,450,887	2,450,887	0.594670	0.000000	0.000000		90.26	
90.27 09027 NEW BERLIN CLINIC	5,382,290	5,386,726	1.442043	0.000000	0.000000		90.27	
91.00 09100 EMERGENCY	15,662,244	18,188,904	0.720054	0.000000	0.000000		91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	195,892	196,256	1.394077	0.000000	0.000000		94.00	
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	
98.00 05950 PSYCHIATRY - OFFICE BLDG	2,128,472	2,316,374	1.377454	0.000000	0.000000		98.00	
98.01 05951 TRANSPORT	588,120	5,186,942	1.129118	0.000000	0.000000		98.01	
98.02 05952 GENETICS CENTER	597,765	648,326	2.229257	0.000000	0.000000		98.02	
98.03 05953 NUCLEAR MEDICINE	1,520,136	1,857,687	0.600298	0.000000	0.000000		98.03	
98.04 05954 CHILD DEVELOPMENT	483,662	483,662	1.271930	0.000000	0.000000		98.04	
98.05 05955 CHILD PROTECTION CENTER	930,801	930,801	2.767335	0.000000	0.000000		98.05	
98.06 05956 DENTAL SRVC	6,954,038	6,954,158	0.761812	0.000000	0.000000		98.06	
99.00 09900 CMHC	0	0					99.00	
99.10 09910 CORF	0	0					99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0					100.00	
101.00 10100 HOME HEALTH AGENCY	0	0					101.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	15,122	600,076					105.00	
106.00 10600 HEART ACQUISITION	3,606	2,313,696					106.00	
107.00 10700 LIVER ACQUISITION	3,572	190,738					107.00	
108.00 10800 LUNG ACQUISITION	0	0					108.00	
109.00 10900 PANCREAS ACQUISITION	0	0					109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0					110.00	
111.00 11100 ISLET ACQUISITION	0	0					111.00	
113.00 11300 INTEREST EXPENSE	0	0					113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0					114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00	
116.00 11600 HOSPICE	0	0					116.00	
117.00 06950 OTHER CAPITAL RELATED COSTS	0	0					117.00	
200.00	Subtotal (see instructions)	279,414,803	883,975,170				200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	279,414,803	883,975,170				202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
 Provider CCN: 523300
 Period: From 01/01/2012 To 12/31/2012
 Worksheet C Part II Date/Time Prepared: 6/19/2013 11:09 am

Cost Center Description		Title XIX Hospital Cost				
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	21,386,388	2,240,910	19,145,478	224,091	0
51.00	05100 RECOVERY ROOM	3,660,724	305,484	3,355,240	30,548	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300 ANESTHESIOLOGY	1,670,193	383,398	1,286,795	38,340	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,849,032	5,231,465	17,617,567	523,147	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600 RADIO SOTOPE	0	0	0	0	0
57.00	05700 CT SCAN	1,539,293	113,743	1,425,550	11,374	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,452,131	248,562	2,203,569	24,856	0
59.00	05900 CARDIAC CATHETERIZATION	2,969,269	81,716	2,887,553	8,172	0
60.00	06000 LABORATORY	29,648,464	2,346,048	27,302,416	234,605	0
60.01	06001 BLOOD LABORATORY	0	0	0	0	0
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.	7,965,647	326,485	7,639,162	32,649	0
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	10,368,188	808,878	9,559,310	80,888	0
66.00	06600 PHYSICAL THERAPY	5,651,455	939,762	4,711,693	93,976	0
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800 SPEECH PATHOLOGY	4,878,704	523,993	4,354,711	52,399	0
69.00	06900 ELECTROCARDIOLOGY	8,368,888	1,066,988	7,301,900	106,699	0
70.00	07000 ELECTROENCEPHALOGRAPHY	1,842,456	241,268	1,601,188	24,127	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,903,639	1,904,938	23,998,701	190,494	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,914,829	469,676	17,445,153	46,968	0
73.00	07300 DRUGS CHARGED TO PATIENTS	42,359,875	1,657,498	40,702,377	165,750	0
74.00	07400 RENAL DIALYSIS	794,941	118,267	676,674	11,827	0
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000 CLINIC	0	0	0	0	0
90.01	09001 ID PRIM CARE SUPP NETWORK	916,407	119,627	796,780	11,963	0
90.02	09002 PAIN/PALLIATIVE CARE	1,260,750	261,013	999,737	26,101	0
90.03	09003 DIABETIC CLINIC	1,506,604	251,374	1,255,230	25,137	0
90.04	09004 GI CLINIC	3,595,940	640,539	2,955,401	64,054	0
90.05	09005 CLINIC FOR SPECIAL NEEDS	1,273,085	186,910	1,086,175	18,691	0
90.06	09006 DIETETICS	2,210,517	67,086	2,143,431	6,709	0
90.07	09007 INFUSION ROOM	875,428	146,190	729,238	14,619	0
90.08	09008 RADIOLOGY CLINIC	2,026,955	139,271	1,887,684	13,927	0
90.09	09009 PULMONARY CLINIC	962,332	97,464	864,868	9,746	0
90.10	09010 ENT CLINIC	2,094,766	416,013	1,678,753	41,601	0
90.11	09011 ORTHOPEDIC CLINIC	1,786,852	362,092	1,424,760	36,209	0
90.12	09012 EYE CLINIC	476,940	79,325	397,615	7,933	0
90.13	09013 ONCOLOGY CLINIC	3,239,801	418,975	2,820,826	41,898	0
90.14	09014 SURGICAL SPECIALTIES	2,135,107	289,283	1,845,824	28,928	0
90.15	09015 ALLERGY CLINIC	2,204,168	402,180	1,801,988	40,218	0
90.16	09016 LASER CLINIC	0	0	0	0	0
90.17	09017 DERMATOLOGY CLINIC	1,372,206	234,238	1,137,968	23,424	0
90.18	09018 CLINIC ADMINISTRATION	0	0	0	0	0
90.19	09019 CRANIOFACIAL CENTER	407,843	70,813	337,030	7,081	0
90.20	09020 HEMATOLOGY CLINIC	741,564	118,416	623,148	11,842	0
90.21	09021 SPI NA BIFIDA	409,140	83,448	325,692	8,345	0
90.22	09022 NEUROSCIENCES CLINIC	2,262,937	294,685	1,968,252	29,469	0
90.23	09023 RHEUMATOLOGY CLINIC	702,127	125,333	576,794	12,533	0
90.24	09024 ENDOCRINE CLINIC	559,657	108,230	451,427	10,823	0
90.25	09025 RENAL CLINIC	389,755	40,508	349,247	4,051	0
90.26	09026 GREENWAY CLINIC	1,457,468	351,685	1,105,783	35,169	0
90.27	09027 NEW BERLIN CLINIC	7,767,889	3,329,677	4,438,212	332,968	0
91.00	09100 EMERGENCY	13,096,987	1,286,918	11,810,069	128,692	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	273,596	25,419	248,177	2,542	0
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	05950 PSYCHIATRY - OFFICE BLDG	3,190,698	308,448	2,882,250	30,845	0
98.01	05951 TRANSPORT	5,856,671	327,161	5,529,510	32,716	0
98.02	05952 GENETICS CENTER	1,445,285	122,292	1,322,993	12,229	0
98.03	05953 NUCLEAR MEDICINE	1,115,165	100,196	1,014,969	10,020	0
98.04	05954 CHILD DEVELOPMENT	615,184	321,675	293,509	32,168	0

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

Provider CCN: 523300

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

Worksheet C Part II Date/Time Prepared: 6/19/2013 11:09 am

Cost Center Description			Title XIX			Hospital Cost		
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
98.05	05955	CHILD PROTECTION CENTER	2,575,838	286,572	2,289,266	28,657	0	98.05
98.06	05956	DENTAL SRVC	5,297,764	445,332	4,852,432	44,533	0	98.06
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	512,862	17,876	494,986	1,788	0	105.00
106.00	10600	HEART ACQUISITION	1,993,516	61,837	1,931,679	6,184	0	106.00
107.00	10700	LIVER ACQUISITION	197,982	5,317	192,665	532	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
200.00		Subtotal (sum of lines 50 thru 199)	291,031,902	30,952,497	260,079,405	3,095,255	0	200.00
201.00		Less Observation Beds	0	0	0	0	0	201.00
202.00		Total (Line 200 minus Line 201)	291,031,902	30,952,497	260,079,405	3,095,255	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part II Date/Time Prepared: 6/19/2013 11:09 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	21,162,297	34,537,023	0.612742		50.00
51.00	05100 RECOVERY ROOM	3,630,176	12,187,258	0.297867		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	1,631,853	7,265,464	0.224604		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,325,885	37,318,603	0.598251		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,527,919	9,267,226	0.164873		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,427,275	17,910,845	0.135520		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,961,097	6,910,553	0.428489		59.00
60.00	06000 LABORATORY	29,413,859	102,803,117	0.286118		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,932,998	14,457,133	0.548726		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	10,287,300	35,310,256	0.291340		65.00
66.00	06600 PHYSICAL THERAPY	5,557,479	11,554,697	0.480971		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	4,826,305	7,070,812	0.682567		68.00
69.00	06900 ELECTROCARDIOLOGY	8,262,189	10,065,270	0.820861		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,818,329	5,565,056	0.326740		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,713,145	118,840,152	0.216367		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,867,861	14,088,304	1.268276		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,194,125	99,740,944	0.423037		73.00
74.00	07400 RENAL DIALYSIS	783,114	2,591,813	0.302149		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 ID PRIM CARE SUPP NETWORK	904,444	42,452	21.305098		90.01
90.02	09002 PAIN/PALLIATIVE CARE	1,234,649	223,318	5.528659		90.02
90.03	09003 DIABETIC CLINIC	1,481,467	1,339,139	1.106283		90.03
90.04	09004 GI CLINIC	3,531,886	1,964,701	1.797671		90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	1,254,394	368,575	3.403362		90.05
90.06	09006 DIETETICS	2,203,808	748,436	2.944551		90.06
90.07	09007 INFUSION ROOM	860,809	2,993,583	0.287551		90.07
90.08	09008 RADIOLOGY CLINIC	2,013,028	1,815,791	1.108623		90.08
90.09	09009 PULMONARY CLINIC	952,586	605,770	1.572521		90.09
90.10	09010 ENT CLINIC	2,053,165	1,514,457	1.355710		90.10
90.11	09011 ORTHOPEDIC CLINIC	1,750,643	1,839,050	0.951928		90.11
90.12	09012 EYE CLINIC	469,007	627,613	0.747287		90.12
90.13	09013 ONCOLOGY CLINIC	3,197,903	4,453,505	0.718064		90.13
90.14	09014 SURGICAL SPECIALTIES	2,106,179	1,651,574	1.275256		90.14
90.15	09015 ALLERGY CLINIC	2,163,950	1,709,915	1.265531		90.15
90.16	09016 LASER CLINIC	0	0	0.000000		90.16
90.17	09017 DERMATOLOGY CLINIC	1,348,782	1,432,672	0.941445		90.17
90.18	09018 CLINIC ADMINISTRATION	0	0	0.000000		90.18
90.19	09019 CRANIOFACIAL CENTER	400,762	403,426	0.993397		90.19
90.20	09020 HEMATOLOGY CLINIC	729,722	409,412	1.782366		90.20
90.21	09021 SPIRIBIDA	400,795	261,417	1.533163		90.21
90.22	09022 NEUROSCIENCES CLINIC	2,233,468	790,600	2.825029		90.22
90.23	09023 RHEUMATOLOGY CLINIC	689,594	379,993	1.814754		90.23
90.24	09024 ENDOCRINE CLINIC	548,834	413,232	1.328150		90.24
90.25	09025 RENAL CLINIC	385,704	329,150	1.171818		90.25
90.26	09026 GREENWAY CLINIC	1,422,299	2,450,887	0.580320		90.26
90.27	09027 NEW BERLIN CLINIC	7,434,921	5,386,726	1.380230		90.27
91.00	09100 EMERGENCY	12,968,295	18,188,904	0.712978		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	271,054	196,256	1.381125		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	05950 PSYCHIATRY - OFFICE BLDG	3,159,853	2,316,374	1.364138		98.00
98.01	05951 TRANSPORT	5,823,955	5,186,942	1.122811		98.01
98.02	05952 GENETICS CENTER	1,433,056	648,326	2.210394		98.02
98.03	05953 NUCLEAR MEDICINE	1,105,145	1,857,687	0.594904		98.03
98.04	05954 CHILD DEVELOPMENT	583,016	483,662	1.205420		98.04

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

Provider CCN: 523300

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

Worksheet C Part II Date/Time Prepared: 6/19/2013 11:09 am

Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital Cost
			6.00	7.00	8.00	
98.05	05955	CHILD PROTECTION CENTER	2,547,181	930,801	2.736547	98.05
98.06	05956	DENTAL SRVC	5,253,231	6,954,158	0.755409	98.06
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	511,074	600,076	0.851682	105.00
106.00	10600	HEART ACQUISITION	1,987,332	2,313,696	0.858943	106.00
107.00	10700	LIVER ACQUISITION	197,450	190,738	1.035190	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	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	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0.000000	117.00
200.00		Subtotal (sum of lines 50 thru 199)	287,936,647	621,507,540		200.00
201.00		Less Observation Beds	0	0		201.00
202.00		Total (line 200 minus line 201)	287,936,647	621,507,540		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 523300

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

Worksheet D
Part I
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		Title XVIII			Hospital		Tefra	
		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	9,424,421	0	9,424,421	37,658	250.26	30.00	
31.00	INTENSIVE CARE UNIT	6,340,278		6,340,278	31,783	199.49	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
35.00	OTHER SPECIAL CARE HOT UNIT	1,044,594		1,044,594	6,808	153.44	35.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	0	0.00	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30-199)	16,809,293		16,809,293	76,249		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	149	37,289				30.00	
31.00	INTENSIVE CARE UNIT	59	11,770				31.00	
32.00	CORONARY CARE UNIT	0	0				32.00	
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00	
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01	
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00	
35.00	OTHER SPECIAL CARE HOT UNIT	7	1,074				35.00	
40.00	SUBPROVIDER - IPF	0	0				40.00	
41.00	SUBPROVIDER - IRF	0	0				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	
45.00	NURSING FACILITY	0	0				45.00	
200.00	Total (lines 30-199)	215	50,133				200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 6/19/2013 11:09 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title VIII Hospital Tefra								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,240,910	34,537,023	0.064884	74,396	4,827	50.00
51.00	05100	RECOVERY ROOM	305,484	12,187,258	0.025066	14,725	369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	383,398	7,265,464	0.052770	10,973	579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,231,465	37,318,603	0.140184	51,729	7,252	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	113,743	9,267,226	0.012274	9,477	116	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	248,562	17,910,845	0.013878	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	81,716	6,910,553	0.011825	0	0	59.00
60.00	06000	LABORATORY	2,346,048	102,803,117	0.022821	389,721	8,894	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	326,485	14,457,133	0.022583	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	808,878	35,310,256	0.022908	63,121	1,446	65.00
66.00	06600	PHYSICAL THERAPY	939,762	11,554,697	0.081332	6,088	495	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	523,993	7,070,812	0.074106	860	64	68.00
69.00	06900	ELECTROCARDIOLOGY	1,066,988	10,065,270	0.106007	5,050	535	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	241,268	5,565,056	0.043354	3,795	165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,904,938	118,840,152	0.016029	225,463	3,614	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	469,676	14,088,304	0.033338	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,657,498	99,740,944	0.016618	610,492	10,145	73.00
74.00	07400	RENAL DIALYSIS	118,267	2,591,813	0.045631	57,734	2,634	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	119,627	42,452	2.817936	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	261,013	223,318	1.168795	0	0	90.02
90.03	09003	DIABETIC CLINIC	251,374	1,339,139	0.187713	0	0	90.03
90.04	09004	GI CLINIC	640,539	1,964,701	0.326024	308	100	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	186,910	368,575	0.507115	0	0	90.05
90.06	09006	DIETETICS	67,086	748,436	0.089635	36	3	90.06
90.07	09007	INFUSION ROOM	146,190	2,993,583	0.048834	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	139,271	1,815,791	0.076700	0	0	90.08
90.09	09009	PULMONARY CLINIC	97,464	605,770	0.160893	0	0	90.09
90.10	09010	ENT CLINIC	416,013	1,514,457	0.274694	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	362,092	1,839,050	0.196891	269	53	90.11
90.12	09012	EYE CLINIC	79,325	627,613	0.126392	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	418,975	4,453,505	0.094078	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	289,283	1,651,574	0.175156	123	22	90.14
90.15	09015	ALLERGY CLINIC	402,180	1,709,915	0.235205	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	234,238	1,432,672	0.163497	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0.000000	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	70,813	403,426	0.175529	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	118,416	409,412	0.289234	0	0	90.20
90.21	09021	SPIROLOGY CLINIC	83,448	261,417	0.319214	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	294,685	790,600	0.372736	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	125,333	379,993	0.329830	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	108,230	413,232	0.261911	0	0	90.24
90.25	09025	RENAL CLINIC	40,508	329,150	0.123069	237	29	90.25
90.26	09026	GREENWAY CLINIC	351,685	2,450,887	0.143493	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	3,329,677	5,386,726	0.618126	0	0	90.27
91.00	09100	EMERGENCY	1,286,918	18,188,904	0.070753	2,473	175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	25,419	196,256	0.129520	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	308,448	2,316,374	0.133160	813	108	98.00
98.01	05951	TRANSPORT	327,161	5,186,942	0.063074	0	0	98.01
98.02	05952	GENETICS CENTER	122,292	648,326	0.188627	0	0	98.02
98.03	05953	NUCLEAR MEDICINE	100,196	1,857,687	0.053936	0	0	98.03

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 6/19/2013 11:09 am	
Cost Center Description			Title XVIII		Hospital		Tefra	
			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	
98.04	05954	CHILD DEVELOPMENT	321,675	483,662	0.665082	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	286,572	930,801	0.307877	0	0	98.05
98.06	05956	DENTAL SRVC	445,332	6,954,158	0.064038	0	0	98.06
200.00		Total (lines 50-199)	30,867,467	618,403,030		1,527,883	41,625	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 6/19/2013 11:09 am
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Cost Center Description	Title XVIII			Hospital	Tefra
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,658	0.00	149	0	30.00
31.00	03100	INTENSIVE CARE UNIT	31,783	0.00	59	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	6,808	0.00	7	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	0	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	76,249		215	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300			Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 6/19/2013 11:09 am	
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		
Title XVIII Hospital Tefra								
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
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
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	0	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	0	90.03
90.04	09004	GI CLINIC	0	0	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0	0	90.09
90.10	09010	ENT CLINIC	0	0	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0	0	90.11
90.12	09012	EYE CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	0	90.20
90.21	09021	SPI NA BI FIDA	0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	0	0	0	0	0	90.25
90.26	09026	GREENWAY CLINIC	0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	0	0	0	0	0	98.00
98.01	05951	TRANSPORT	0	0	0	0	0	98.01
98.02	05952	GENETICS CENTER	0	0	0	0	0	98.02
98.03	05953	NUCLEAR MEDICINE	0	0	0	0	0	98.03
98.04	05954	CHILD DEVELOPMENT	0	0	0	0	0	98.04

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 6/19/2013 11:09 am	
			Title XVIII		Hospital		Tefra	
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	
98.05	05955	CHILD PROTECTION CENTER	0	0	0	0	0	98.05
98.06	05956	DENTAL SRVC	0	0	0	0	0	98.06
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 6/19/2013 11:09 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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Tefra
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	34,537,023	0.000000	0.000000	74,396	50.00
51.00	05100 RECOVERY ROOM	0	12,187,258	0.000000	0.000000	14,725	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,265,464	0.000000	0.000000	10,973	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	37,318,603	0.000000	0.000000	51,729	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	9,267,226	0.000000	0.000000	9,477	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	17,910,845	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,910,553	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	102,803,117	0.000000	0.000000	389,721	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	14,457,133	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	35,310,256	0.000000	0.000000	63,121	65.00
66.00	06600 PHYSICAL THERAPY	0	11,554,697	0.000000	0.000000	6,088	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,070,812	0.000000	0.000000	860	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,065,270	0.000000	0.000000	5,050	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,565,056	0.000000	0.000000	3,795	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	118,840,152	0.000000	0.000000	225,463	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,088,304	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	99,740,944	0.000000	0.000000	610,492	73.00
74.00	07400 RENAL DIALYSIS	0	2,591,813	0.000000	0.000000	57,734	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ID PRIM CARE SUPP NETWORK	0	42,452	0.000000	0.000000	0	90.01
90.02	09002 PAIN/PALLIATIVE CARE	0	223,318	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC CLINIC	0	1,339,139	0.000000	0.000000	0	90.03
90.04	09004 GI CLINIC	0	1,964,701	0.000000	0.000000	308	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	0	368,575	0.000000	0.000000	0	90.05
90.06	09006 DIETETICS	0	748,436	0.000000	0.000000	36	90.06
90.07	09007 INFUSION ROOM	0	2,993,583	0.000000	0.000000	0	90.07
90.08	09008 CARDIOLOGY CLINIC	0	1,815,791	0.000000	0.000000	0	90.08
90.09	09009 PULMONARY CLINIC	0	605,770	0.000000	0.000000	0	90.09
90.10	09010 ENT CLINIC	0	1,514,457	0.000000	0.000000	0	90.10
90.11	09011 ORTHOPEDIC CLINIC	0	1,839,050	0.000000	0.000000	269	90.11
90.12	09012 EYE CLINIC	0	627,613	0.000000	0.000000	0	90.12
90.13	09013 ONCOLOGY CLINIC	0	4,453,505	0.000000	0.000000	0	90.13
90.14	09014 SURGICAL SPECIALTIES	0	1,651,574	0.000000	0.000000	123	90.14
90.15	09015 ALLERGY CLINIC	0	1,709,915	0.000000	0.000000	0	90.15
90.16	09016 LASER CLINIC	0	0	0.000000	0.000000	0	90.16
90.17	09017 DERMATOLOGY CLINIC	0	1,432,672	0.000000	0.000000	0	90.17
90.18	09018 CLINIC ADMINISTRATION	0	0	0.000000	0.000000	0	90.18
90.19	09019 CRANIOFACIAL CENTER	0	403,426	0.000000	0.000000	0	90.19
90.20	09020 HEMATOLOGY CLINIC	0	409,412	0.000000	0.000000	0	90.20
90.21	09021 SPINA BIFIDA	0	261,417	0.000000	0.000000	0	90.21
90.22	09022 NEUROSCIENCES CLINIC	0	790,600	0.000000	0.000000	0	90.22
90.23	09023 RHEUMATOLOGY CLINIC	0	379,993	0.000000	0.000000	0	90.23
90.24	09024 ENDOCRINE CLINIC	0	413,232	0.000000	0.000000	0	90.24
90.25	09025 RENAL CLINIC	0	329,150	0.000000	0.000000	237	90.25
90.26	09026 GREENWAY CLINIC	0	2,450,887	0.000000	0.000000	0	90.26
90.27	09027 NEW BERLIN CLINIC	0	5,386,726	0.000000	0.000000	0	90.27
91.00	09100 EMERGENCY	0	18,188,904	0.000000	0.000000	2,473	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	196,256	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 PSYCHIATRY - OFFICE BLDG	0	2,316,374	0.000000	0.000000	813	98.00
98.01	05951 TRANSPORT	0	5,186,942	0.000000	0.000000	0	98.01
98.02	05952 GENETICS CENTER	0	648,326	0.000000	0.000000	0	98.02
98.03	05953 NUCLEAR MEDICINE	0	1,857,687	0.000000	0.000000	0	98.03

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 523300

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

Worksheet D
Part IV
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			Title XVIII			Hospital		Tefra	
			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		
98.04	05954	CHILD DEVELOPMENT	0	483,662	0.000000	0.000000	0	98.04	
98.05	05955	CHILD PROTECTION CENTER	0	930,801	0.000000	0.000000	0	98.05	
98.06	05956	DENTAL SRVC	0	6,954,158	0.000000	0.000000	0	98.06	
200.00		Total (lines 50-199)	0	618,403,030			1,527,883	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 6/19/2013 11:09 am	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	Tefra
		11.00	12.00	13.00	21.00	22.00	
Title VIII Hospital Tefra							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	10,257	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,434	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	26,619	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	10,500	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	40,061	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	61,167	0	0	0	59.00
60.00	06000 LABORATORY	0	59,986	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	22,070	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,553	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	76,419	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,093	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	113,547	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	262,615	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	6,129	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ID PRIM CARE SUPP NETWORK	0	0	0	0	0	90.01
90.02	09002 PAIN/PALLIATIVE CARE	0	899	0	0	0	90.02
90.03	09003 DIABETIC CLINIC	0	1,249	0	0	0	90.03
90.04	09004 GI CLINIC	0	1,214	0	0	0	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	0	2,282	0	0	0	90.05
90.06	09006 DIETETICS	0	24	0	0	0	90.06
90.07	09007 INFUSION ROOM	0	39,105	0	0	0	90.07
90.08	09008 CARDIOLOGY CLINIC	0	16,897	0	0	0	90.08
90.09	09009 PULMONARY CLINIC	0	11,381	0	0	0	90.09
90.10	09010 ENT CLINIC	0	372	0	0	0	90.10
90.11	09011 ORTHOPEDIC CLINIC	0	87	0	0	0	90.11
90.12	09012 EYE CLINIC	0	2,018	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0	12,923	0	0	0	90.13
90.14	09014 SURGICAL SPECIALTIES	0	1,553	0	0	0	90.14
90.15	09015 ALLERGY CLINIC	0	58,633	0	0	0	90.15
90.16	09016 LASER CLINIC	0	0	0	0	0	90.16
90.17	09017 DERMATOLOGY CLINIC	0	577	0	0	0	90.17
90.18	09018 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019 CRANIOFACIAL CENTER	0	853	0	0	0	90.19
90.20	09020 HEMATOLOGY CLINIC	0	8,201	0	0	0	90.20
90.21	09021 SPINA BIFIDA	0	557	0	0	0	90.21
90.22	09022 NEUROSCIENCES CLINIC	0	989	0	0	0	90.22
90.23	09023 RHEUMATOLOGY CLINIC	0	578	0	0	0	90.23
90.24	09024 ENDOCRINE CLINIC	0	289	0	0	0	90.24
90.25	09025 RENAL CLINIC	0	3,557	0	0	0	90.25
90.26	09026 GREENWAY CLINIC	0	113	0	0	0	90.26
90.27	09027 NEW BERLIN CLINIC	0	10,568	0	0	0	90.27
91.00	09100 EMERGENCY	0	7,268	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 PSYCHIATRY - OFFICE BLDG	0	5,107	0	0	0	98.00
98.01	05951 TRANSPORT	0	0	0	0	0	98.01
98.02	05952 GENETICS CENTER	0	9,392	0	0	0	98.02
98.03	05953 NUCLEAR MEDICINE	0	0	0	0	0	98.03

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 523300

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

Worksheet D
Part IV
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description			Title XVIII			Hospital		Tefra	
			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		
98.04	05954	CHILD DEVELOPMENT	0	0	0	0	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	0	0	0	0	0	0	98.05
98.06	05956	DENTAL SRVC	0	0	0	0	0	0	98.06
200.00		Total (Lines 50-199)	0	896,136	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/19/2013 11:09 am
Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Hospital	Tefra
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 ID PRIM CARE SUPP NETWORK	0	0		90.01
90.02	09002 PAIN/PALLIATIVE CARE	0	0		90.02
90.03	09003 DIABETIC CLINIC	0	0		90.03
90.04	09004 GI CLINIC	0	0		90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006 DIETETICS	0	0		90.06
90.07	09007 INFUSION ROOM	0	0		90.07
90.08	09008 RADIOLOGY CLINIC	0	0		90.08
90.09	09009 PULMONARY CLINIC	0	0		90.09
90.10	09010 ENT CLINIC	0	0		90.10
90.11	09011 ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012 EYE CLINIC	0	0		90.12
90.13	09013 ONCOLOGY CLINIC	0	0		90.13
90.14	09014 SURGICAL SPECIALTIES	0	0		90.14
90.15	09015 ALLERGY CLINIC	0	0		90.15
90.16	09016 LASER CLINIC	0	0		90.16
90.17	09017 DERMATOLOGY CLINIC	0	0		90.17
90.18	09018 CLINIC ADMINISTRATION	0	0		90.18
90.19	09019 CRANIOFACIAL CENTER	0	0		90.19
90.20	09020 HEMATOLOGY CLINIC	0	0		90.20
90.21	09021 SPINA BIFIDA	0	0		90.21
90.22	09022 NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023 RHEUMATOLOGY CLINIC	0	0		90.23
90.24	09024 ENDOCRINE CLINIC	0	0		90.24
90.25	09025 RENAL CLINIC	0	0		90.25
90.26	09026 GREENWAY CLINIC	0	0		90.26
90.27	09027 NEW BERLIN CLINIC	0	0		90.27
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950 PSYCHIATRY - OFFICE BLDG	0	0		98.00
98.01	05951 TRANSPORT	0	0		98.01
98.02	05952 GENETICS CENTER	0	0		98.02
98.03	05953 NUCLEAR MEDICINE	0	0		98.03
98.04	05954 CHILD DEVELOPMENT	0	0		98.04
98.05	05955 CHILD PROTECTION CENTER	0	0		98.05

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/19/2013 11:09 am
			Title XVIII		Hospital	Tefra
Cost Center Description			PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
			23.00	24.00		
98.06	05956	DENTAL SRVC	0	0	98.06	
200.00		Total (lines 50-199)	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part V Date/Time Prepared: 6/19/2013 11:09 am	
			Title XVIIII		Hospital		Tefra	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.619231	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.300373	10,257	0	0	3,081	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.229881	2,434	0	0	560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.612269	26,619	0	0	16,298	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.166101	10,500	0	0	1,744	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.136908	40,061	0	0	5,485	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.429672	61,167	0	0	26,282	59.00
60.00	06000	LABORATORY	0.288400	59,986	0	0	17,300	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.550984	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.293631	22,070	0	0	6,480	65.00
66.00	06600	PHYSICAL THERAPY	0.489105	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.689978	4,553	0	0	3,141	68.00
69.00	06900	ELECTROCARDIOLOGY	0.831462	76,419	0	0	63,539	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.331076	3,093	0	0	1,024	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217970	113,547	0	0	24,750	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.271610	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424699	262,615	0	0	111,532	73.00
74.00	07400	RENAL DIALYSIS	0.306712	6,129	0	0	1,880	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	21.586898	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	5.645537	899	0	0	5,075	90.02
90.03	09003	DIABETIC CLINIC	1.125054	1,249	0	0	1,405	90.03
90.04	09004	GI CLINIC	1.830273	1,214	0	0	2,222	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3.454073	2,282	0	0	7,882	90.05
90.06	09006	DIETETICS	2.953515	24	0	0	71	90.06
90.07	09007	INFUSION ROOM	0.292435	39,105	0	0	11,436	90.07
90.08	09008	CARDIOLOGY CLINIC	1.116293	16,897	0	0	18,862	90.08
90.09	09009	PULMONARY CLINIC	1.588610	11,381	0	0	18,080	90.09
90.10	09010	ENT CLINIC	1.383180	372	0	0	515	90.10
90.11	09011	ORTHOPEDIC CLINIC	0.971617	87	0	0	85	90.11
90.12	09012	EYE CLINIC	0.759927	2,018	0	0	1,534	90.12
90.13	09013	ONCOLOGY CLINIC	0.727472	12,923	0	0	9,401	90.13
90.14	09014	SURGICAL SPECIALTIES	1.292771	1,553	0	0	2,008	90.14
90.15	09015	ALLERGY CLINIC	1.289051	58,633	0	0	75,581	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0.957795	577	0	0	553	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	1.010949	853	0	0	862	90.19
90.20	09020	HEMATOLOGY CLINIC	1.811290	8,201	0	0	14,854	90.20
90.21	09021	SPIROBIOTICS	1.565086	557	0	0	872	90.21
90.22	09022	NEUROSCIENCES CLINIC	2.862303	989	0	0	2,831	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1.847737	578	0	0	1,068	90.23
90.24	09024	ENDOCRINE CLINIC	1.354341	289	0	0	391	90.24
90.25	09025	RENAL CLINIC	1.184126	3,557	0	0	4,212	90.25
90.26	09026	GREENWAY CLINIC	0.594670	113	0	0	67	90.26
90.27	09027	NEW BERLIN CLINIC	1.442043	10,568	0	0	15,240	90.27
91.00	09100	EMERGENCY	0.720054	7,268	0	0	5,233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	1.394077	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	1.377454	5,107	0	0	7,035	98.00
98.01	05951	TRANSPORT	1.129118	0	0	0	0	98.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 523300

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

Worksheet D
Part V
Date/Time Prepared:
6/19/2013 11:09 am

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	
98.02	05952	GENETICS CENTER	2.229257	9,392	0	0	20,937	98.02
98.03	05953	NUCLEAR MEDICINE	0.600298	0	0	0	0	98.03
98.04	05954	CHILD DEVELOPMENT	1.271930	0	0	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	2.767335	0	0	0	0	98.05
98.06	05956	DENTAL SRVC	0.761812	0	0	0	0	98.06
200.00		Subtotal (see instructions)		896,136	0	0	511,408	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		896,136	0	0	511,408	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/19/2013 11:09 am
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		Costs		Title XVII		Hospital		Tefra	
Cost Center Description		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
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
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	0	0					90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	0					90.02
90.03	09003	DIABETIC CLINIC	0	0					90.03
90.04	09004	GI CLINIC	0	0					90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0					90.05
90.06	09006	DIETETICS	0	0					90.06
90.07	09007	INFUSION ROOM	0	0					90.07
90.08	09008	CARDIOLOGY CLINIC	0	0					90.08
90.09	09009	PULMONARY CLINIC	0	0					90.09
90.10	09010	ENT CLINIC	0	0					90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0					90.11
90.12	09012	EYE CLINIC	0	0					90.12
90.13	09013	ONCOLOGY CLINIC	0	0					90.13
90.14	09014	SURGICAL SPECIALTIES	0	0					90.14
90.15	09015	ALLERGY CLINIC	0	0					90.15
90.16	09016	LASER CLINIC	0	0					90.16
90.17	09017	DERMATOLOGY CLINIC	0	0					90.17
90.18	09018	CLINIC ADMINISTRATION	0	0					90.18
90.19	09019	CRANIOFACIAL CENTER	0	0					90.19
90.20	09020	HEMATOLOGY CLINIC	0	0					90.20
90.21	09021	SPIRITUALITY	0	0					90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0					90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0					90.23
90.24	09024	ENDOCRINE CLINIC	0	0					90.24
90.25	09025	RENAL CLINIC	0	0					90.25
90.26	09026	GREENWAY CLINIC	0	0					90.26
90.27	09027	NEW BERLIN CLINIC	0	0					90.27
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
95.00	09500	AMBULANCE SERVICES	0	0					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0					97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	0	0					98.00
98.01	05951	TRANSPORT	0	0					98.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/19/2013 11:09 am
	Title XVIII	Hospital	Tefra

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
98.02 05952 GENETICS CENTER	0	0		98.02
98.03 05953 NUCLEAR MEDICINE	0	0		98.03
98.04 05954 CHILD DEVELOPMENT	0	0		98.04
98.05 05955 CHILD PROTECTION CENTER	0	0		98.05
98.06 05956 DENTAL SRVC	0	0		98.06
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/19/2013 11:09 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	0.612742	0	0	2,065,204	0	50.00
51.00	05100 RECOVERY ROOM	0.297867	0	0	1,572,328	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.224604	0	0	688,054	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.598251	0	0	3,943,035	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.164873	0	0	1,142,464	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.135520	0	0	2,740,369	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.428489	0	0	1,008,488	0	59.00
60.00	06000 LABORATORY	0.286118	0	0	10,136,518	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.548726	0	0	1,835,665	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.291340	0	0	1,533,263	0	65.00
66.00	06600 PHYSICAL THERAPY	0.480971	0	0	885,300	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.682567	0	0	1,288,810	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.820861	0	0	1,342,757	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.326740	0	0	300,891	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216367	0	0	6,285,020	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1.268276	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.423037	0	0	6,884,407	0	73.00
74.00	07400 RENAL DIALYSIS	0.302149	0	0	696,586	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 ID PRIM CARE SUPP NETWORK	21.305098	0	0	8,316	0	90.01
90.02	09002 PAIN/PALLIATIVE CARE	5.528659	0	0	0	0	90.02
90.03	09003 DIABETIC CLINIC	1.106283	0	0	122,923	0	90.03
90.04	09004 GI CLINIC	1.797671	0	0	453,390	0	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	3.403362	0	0	72,466	0	90.05
90.06	09006 DIETETICS	2.944551	0	0	20,633	0	90.06
90.07	09007 INFUSION ROOM	0.287551	0	0	657,538	0	90.07
90.08	09008 RADIOLOGY CLINIC	1.108623	0	0	394,157	0	90.08
90.09	09009 PULMONARY CLINIC	1.572521	0	0	196,948	0	90.09
90.10	09010 ENT CLINIC	1.355710	0	0	302,451	0	90.10
90.11	09011 ORTHOPEDIC CLINIC	0.951928	0	0	315,757	0	90.11
90.12	09012 EYE CLINIC	0.747287	0	0	136,458	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.718064	0	0	855,371	0	90.13
90.14	09014 SURGICAL SPECIALTIES	1.275256	0	0	298,802	0	90.14
90.15	09015 ALLERGY CLINIC	1.265531	0	0	253,613	0	90.15
90.16	09016 LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 DERMATOLOGY CLINIC	0.941445	0	0	184,679	0	90.17
90.18	09018 CLINIC ADMINISTRATION	0.000000	0	0	0	0	90.18
90.19	09019 CRANIOFACIAL CENTER	0.993397	0	0	79,890	0	90.19
90.20	09020 HEMATOLOGY CLINIC	1.782366	0	0	123,191	0	90.20
90.21	09021 SPIRITUALITY	1.533163	0	0	137,374	0	90.21
90.22	09022 NEUROSCIENCES CLINIC	2.825029	0	0	247,584	0	90.22
90.23	09023 RHEUMATOLOGY CLINIC	1.814754	0	0	39,706	0	90.23
90.24	09024 ENDOCRINE CLINIC	1.328150	0	0	74,208	0	90.24
90.25	09025 RENAL CLINIC	1.171818	0	0	75,226	0	90.25
90.26	09026 GREENWAY CLINIC	0.580320	0	0	208,725	0	90.26
90.27	09027 NEW BERLIN CLINIC	1.380230	0	0	511,986	0	90.27
91.00	09100 EMERGENCY	0.712978	0	0	3,272,028	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	1.381125	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950 PSYCHIATRY - OFFICE BLDG	1.364138	0	0	578,208	0	98.00
98.01	05951 TRANSPORT	1.122811	0	0	68,998	0	98.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 523300

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

Worksheet D
Part V
Date/Time Prepared:
6/19/2013 11:09 am

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
98.02	05952	GENETICS CENTER	2.210394	0	0	156,342	0	98.02
98.03	05953	NUCLEAR MEDICINE	0.594904	0	0	296,757	0	98.03
98.04	05954	CHILD DEVELOPMENT	1.205420	0	0	142,430	0	98.04
98.05	05955	CHILD PROTECTION CENTER	2.736547	0	0	231,207	0	98.05
98.06	05956	DENTAL SRVC	0.755409	0	0	2,060,343	0	98.06
200.00		Subtotal (see instructions)		0	0	56,926,864	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	56,926,864	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/19/2013 11:09 am	
		Title XIX	Hospital	Cost	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,265,437	50.00
51.00	05100	RECOVERY ROOM	0	468,345	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	154,540	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,358,925	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	188,361	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	371,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	432,126	59.00
60.00	06000	LABORATORY	0	2,900,240	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	1,007,277	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	446,701	65.00
66.00	06600	PHYSICAL THERAPY	0	425,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	879,699	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,102,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	98,313	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,359,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,912,359	73.00
74.00	07400	RENAL DIALYSIS	0	210,473	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	0	177,173	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	0	90.02
90.03	09003	DIABETIC CLINIC	0	135,988	90.03
90.04	09004	GI CLINIC	0	815,046	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	246,628	90.05
90.06	09006	DIETETICS	0	60,755	90.06
90.07	09007	INFUSION ROOM	0	189,076	90.07
90.08	09008	CARDIOLOGY CLINIC	0	436,972	90.08
90.09	09009	PULMONARY CLINIC	0	309,705	90.09
90.10	09010	ENT CLINIC	0	410,036	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	300,578	90.11
90.12	09012	EYE CLINIC	0	101,973	90.12
90.13	09013	ONCOLOGY CLINIC	0	614,211	90.13
90.14	09014	SURGICAL SPECIALTIES	0	381,049	90.14
90.15	09015	ALLERGY CLINIC	0	320,955	90.15
90.16	09016	LASER CLINIC	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	173,865	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	79,362	90.19
90.20	09020	HEMATOLOGY CLINIC	0	219,571	90.20
90.21	09021	SPI NA BIFIDA	0	210,617	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	699,432	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	72,057	90.23
90.24	09024	ENDOCRINE CLINIC	0	98,559	90.24
90.25	09025	RENAL CLINIC	0	88,151	90.25
90.26	09026	GREENWAY CLINIC	0	121,127	90.26
90.27	09027	NEW BERLIN CLINIC	0	706,658	90.27
91.00	09100	EMERGENCY	0	2,332,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	PSYCHIATRY - OFFICE BLDG	0	788,756	98.00
98.01	05951	TRANSPORT	0	77,472	98.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 523300

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

Worksheet D
Part V
Date/Time Prepared:
6/19/2013 11:09 am

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		
98.02	05952	GENETICS CENTER	0	345,577		98.02
98.03	05953	NUCLEAR MEDICINE	0	176,542		98.03
98.04	05954	CHILD DEVELOPMENT	0	171,688		98.04
98.05	05955	CHILD PROTECTION CENTER	0	632,709		98.05
98.06	05956	DENTAL SRVC	0	1,556,402		98.06
200.00		Subtotal (see instructions)	0	29,633,637		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	29,633,637		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/19/2013 11:09 am
Cost Center Description				Tefra
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,658	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,658	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)		37,658	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)		149	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		53,604,887	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		53,604,887	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		95,722,475	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		95,722,475	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.560003	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,541.89	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		53,604,887	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)		1,423.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		212,097	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)		212,097	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		Tefra	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	60,938,173	31,783	1,917.32	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
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	13,306,491	6,808	1,954.54	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					556,614	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					768,711	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)					50,133	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					41,625	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					91,758	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					676,953	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					25	54.00
55.00	Target amount per discharge					10,396.50	55.00
56.00	Target amount (line 54 x line 55)					259,913	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-417,040	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)					25,991	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					377,662	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: 523300

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

Worksheet D-1
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		Cost	Title XVIII		Hospital		Tefra		
			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	9,424,421	53,604,887	0.175813	0	0	0	90.00	
91.00	Nursing School cost	0	53,604,887	0.000000	0	0	0	91.00	
92.00	Allied health cost	0	53,604,887	0.000000	0	0	0	92.00	
93.00	All other Medical Education	0	53,604,887	0.000000	0	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 6/19/2013 11:09 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,658	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,658	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.		9,435	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		28,223	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)		9,447	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		53,604,887	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		53,604,887	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		95,722,475	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		95,722,475	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.560003	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)		3,391.65	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		53,604,887	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)		1,423.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,447,521	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)		13,447,521	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XIX		Hospital		Cost	
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	60,938,173	31,783	1,917.32	11,973	22,956,072	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
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	13,306,491	6,808	1,954.54	1,513	2,957,219	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					39,013,478	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					78,374,290	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					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: 523300

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

Worksheet D-1
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description	Cost	Title XIX		Hospital	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	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 6/19/2013 11:09 am	
Cost Center Description		Title XVIII	Hospital	Tefra	
		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		210,733	30.00
31.00	03100	INTENSIVE CARE UNIT		344,775	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT		123,397	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		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	0.619231	74,396	50.00
51.00	05100	RECOVERY ROOM	0.300373	14,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.229881	10,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.612269	51,729	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.166101	9,477	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.136908	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.429672	0	59.00
60.00	06000	LABORATORY	0.288400	389,721	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.550984	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.293631	63,121	65.00
66.00	06600	PHYSICAL THERAPY	0.489105	6,088	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.689978	860	68.00
69.00	06900	ELECTROCARDIOLOGY	0.831462	5,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.331076	3,795	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217970	225,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.271610	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424699	610,492	73.00
74.00	07400	RENAL DIALYSIS	0.306712	57,734	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	21.586898	0	90.01
90.02	09002	PAI N/PALLIATIVE CARE	5.645537	0	90.02
90.03	09003	DIABETIC CLINIC	1.125054	0	90.03
90.04	09004	GI CLINIC	1.830273	308	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3.454073	0	90.05
90.06	09006	DIETETICS	2.953515	36	90.06
90.07	09007	INFUSION ROOM	0.292435	0	90.07
90.08	09008	CARDIOLOGY CLINIC	1.116293	0	90.08
90.09	09009	PULMONARY CLINIC	1.588610	0	90.09
90.10	09010	ENT CLINIC	1.383180	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	0.971617	269	90.11
90.12	09012	EYE CLINIC	0.759927	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.727472	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1.292771	123	90.14
90.15	09015	ALLERGY CLINIC	1.289051	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0.957795	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	90.18
90.19	09019	CRANIOFACIAL CENTER	1.010949	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1.811290	0	90.20
90.21	09021	SPI NA BIFIDA	1.565086	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	2.862303	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1.847737	0	90.23
90.24	09024	ENDOCRINE CLINIC	1.354341	0	90.24
90.25	09025	RENAL CLINIC	1.184126	237	90.25
90.26	09026	GREENWAY CLINIC	0.594670	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.442043	0	90.27

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 6/19/2013 11:09 am	
Cost Center Description			Ratio of Cost To Charges	Hospital Inpatient Program Charges	Tefra Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
91.00	09100	EMERGENCY	0.720054	2,473	1,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1.394077	0	0	94.00
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
98.00	05950	PSYCHIATRY - OFFICE BLDG	1.377454	813	1,120	98.00
98.01	05951	TRANSPORT	1.129118	0	0	98.01
98.02	05952	GENETICS CENTER	2.229257	0	0	98.02
98.03	05953	NUCLEAR MEDICINE	0.600298	0	0	98.03
98.04	05954	CHILD DEVELOPMENT	1.271930	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	2.767335	0	0	98.05
98.06	05956	DENTAL SRVC	0.761812	0	0	98.06
200.00		Total (sum of lines 50-94 and 96-98)		1,527,883	556,614	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)		1,527,883		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 6/19/2013 11:09 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		25,869,250	30.00
31.00	03100	INTENSIVE CARE UNIT		54,044,610	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02041	OTHER SPECIAL CARE HOT UNIT		5,169,206	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		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	0.619231	4,618,129	50.00
51.00	05100	RECOVERY ROOM	0.300373	724,178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.229881	716,105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.612269	4,005,298	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.166101	908,952	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.136908	1,131,228	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.429672	794,691	59.00
60.00	06000	LABORATORY	0.288400	17,938,647	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.550984	2,721,376	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.293631	12,105,800	65.00
66.00	06600	PHYSICAL THERAPY	0.489105	1,646,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.689978	482,271	68.00
69.00	06900	ELECTROCARDIOLOGY	0.831462	1,729,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.331076	1,116,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217970	25,544,699	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.271610	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424699	26,762,331	73.00
74.00	07400	RENAL DIALYSIS	0.306712	265,051	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ID PRIM CARE SUPP NETWORK	21.586898	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	5.645537	0	90.02
90.03	09003	DIABETIC CLINIC	1.125054	0	90.03
90.04	09004	GI CLINIC	1.830273	16,431	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3.454073	726	90.05
90.06	09006	DIETETICS	2.953515	260,411	90.06
90.07	09007	INFUSION ROOM	0.292435	3,102	90.07
90.08	09008	CARDIOLOGY CLINIC	1.116293	20,188	90.08
90.09	09009	PULMONARY CLINIC	1.588610	2,799	90.09
90.10	09010	ENT CLINIC	1.383180	169	90.10
90.11	09011	ORTHOPEDIC CLINIC	0.971617	2,150	90.11
90.12	09012	EYE CLINIC	0.759927	430	90.12
90.13	09013	ONCOLOGY CLINIC	0.727472	91,749	90.13
90.14	09014	SURGICAL SPECIALTIES	1.292771	5,358	90.14
90.15	09015	ALLERGY CLINIC	1.289051	10	90.15
90.16	09016	LASER CLINIC	0.000000	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0.957795	273	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	90.18
90.19	09019	CRANIOFACIAL CENTER	1.010949	671	90.19
90.20	09020	HEMATOLOGY CLINIC	1.811290	1,071	90.20
90.21	09021	SPI NA BIFIDA	1.565086	222	90.21
90.22	09022	NEUROSCIENCES CLINIC	2.862303	2,371	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1.847737	115	90.23
90.24	09024	ENDOCRINE CLINIC	1.354341	499	90.24
90.25	09025	RENAL CLINIC	1.184126	656	90.25
90.26	09026	GREENWAY CLINIC	0.594670	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.442043	469	90.27

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 6/19/2013 11:09 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	
91.00	09100	EMERGENCY	0.720054	851,264	612,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1.394077	342	477	94.00
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
98.00	05950	PSYCHIATRY - OFFICE BLDG	1.377454	46,340	63,831	98.00
98.01	05951	TRANSPORT	1.129118	734,530	829,371	98.01
98.02	05952	GENETICS CENTER	2.229257	9,220	20,554	98.02
98.03	05953	NUCLEAR MEDICINE	0.600298	63,871	38,342	98.03
98.04	05954	CHILD DEVELOPMENT	1.271930	0	0	98.04
98.05	05955	CHILD PROTECTION CENTER	2.767335	0	0	98.05
98.06	05956	DENTAL SRVC	0.761812	0	0	98.06
200.00		Total (sum of lines 50-94 and 96-98)		105,326,139	39,013,478	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)		105,326,139		202.00

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

Provider CCN: 523300

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 6/19/2013 11:09 am

Cost Center Description		Kidney			Hospital		Tefra		
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)			
		0	1.00	2.00	3.00	4.00			
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)									
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition									
1.00	ADULTS & PEDIATRICS	38.00	43,929	1,423.47	5	7,117	1.00		
2.00	INTENSIVE CARE UNIT	43.00	298,690	1,917.32	35	67,106	2.00		
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00		
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00		
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01		
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00		
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	8,444	1,954.54	0	0	6.00		
7.00	TOTAL (sum of lines 1-6)		351,063		40	74,223	7.00		
Cost Center Description		C		Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges		Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00				
Computation of Ancillary Service Cost Applicable to Organ Acquisition									
8.00	OPERATING ROOM		50.00	0.619231	86,271	53,422	8.00		
9.00	RECOVERY ROOM		51.00	0.300373	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00		
11.00	ANESTHESIOLOGY		53.00	0.229881	96,115	22,095	11.00		
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.612269	13,250	8,113	12.00		
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00		
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00		
15.00	CT SCAN		57.00	0.166101	0	0	15.00		
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.136908	0	0	16.00		
17.00	CARDIAC CATHETERIZATION		59.00	0.429672	0	0	17.00		
18.00	LABORATORY		60.00	0.288400	181,111	52,232	18.00		
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.550984	0	0	21.00		
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY		65.00	0.293631	0	0	23.00		
24.00	PHYSICAL THERAPY		66.00	0.489105	0	0	24.00		
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00		
26.00	SPEECH PATHOLOGY		68.00	0.689978	0	0	26.00		
27.00	ELECTROCARDIOLOGY		69.00	0.831462	100,262	83,364	27.00		
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.331076	0	0	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.217970	0	0	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	1.271610	0	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.424699	135,122	57,386	31.00		
32.00	RENAL DIALYSIS		74.00	0.306712	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS						34.00		
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00		
37.00	CLINIC		90.00	0.000000	0	0	37.00		
37.01	ID PRIM CARE SUPP NETWORK		90.01	21.586898	0	0	37.01		
37.02	PAIN/PALLIATIVE CARE		90.02	5.645537	0	0	37.02		
37.03	DIABETIC CLINIC		90.03	1.125054	0	0	37.03		
37.04	GI CLINIC		90.04	1.830273	0	0	37.04		
37.05	CLINIC FOR SPECIAL NEEDS		90.05	3.454073	0	0	37.05		
37.06	DIETETICS		90.06	2.953515	0	0	37.06		
37.07	INFUSION ROOM		90.07	0.292435	0	0	37.07		
37.08	CARDIOLOGY CLINIC		90.08	1.116293	0	0	37.08		
37.09	PULMONARY CLINIC		90.09	1.588610	0	0	37.09		
37.10	ENT CLINIC		90.10	1.383180	0	0	37.10		
37.11	ORTHOPEDIC CLINIC		90.11	0.971617	0	0	37.11		
37.12	EYE CLINIC		90.12	0.759927	0	0	37.12		
37.13	ONCOLOGY CLINIC		90.13	0.727472	0	0	37.13		
37.14	SURGICAL SPECIALTIES		90.14	1.292771	0	0	37.14		
37.15	ALLERGY CLINIC		90.15	1.289051	0	0	37.15		
37.16	LASER CLINIC		90.16	0.000000	0	0	37.16		
37.17	DERMATOLOGY CLINIC		90.17	0.957795	0	0	37.17		
37.18	CLINIC ADMINISTRATION		90.18	0.000000	0	0	37.18		
37.19	CRANIOFACIAL CENTER		90.19	1.010949	0	0	37.19		
37.20	HEMATOLOGY CLINIC		90.20	1.811290	0	0	37.20		
37.21	SPINA BIFIDA		90.21	1.565086	0	0	37.21		
37.22	NEUROSCIENCES CLINIC		90.22	2.862303	0	0	37.22		
37.23	RHEUMATOLOGY CLINIC		90.23	1.847737	0	0	37.23		
37.24	ENDOCRINE CLINIC		90.24	1.354341	0	0	37.24		
37.25	RENAL CLINIC		90.25	1.184126	0	0	37.25		

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

Provider CCN: 523300

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 6/19/2013 11:09 am

Cost Center Description		Kidney		Hospital		Tefra	
		C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.26	GREENWAY CLINIC	90.26	0.594670	0	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.442043	0	0	0	37.27
38.00	EMERGENCY	91.00	0.720054	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.000000	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			612,131	276,612		41.00
Cost Center Description		D		Organ Acquisition		Organ Acquisition	
		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	5	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	35	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			40	0	0	48.00
Cost Center Description		D		Organ Charges		Organ Acquisition	
		D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	ID PRIM CARE SUPP NETWORK	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLIATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATION	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENWAY CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)			0	0	0	55.00

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

Provider CCN: 523300

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 6/19/2013 11:09 am

		Kidney		Hospital		Tefra	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	350,835		963,194			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	512,862		510,128			59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	863,697		1,473,322			61.00
62.00	Total Usable Organs (see instructions)		10				62.00
63.00	Medicare Usable Organs (see instructions)		3				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.300000				64.00
65.00	Medicare Cost/Charges (see instructions)	259,109		441,997			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (line 65 minus line 66)	259,109		441,997			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	259,109	0	441,997	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		4	6			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	0			73.00
74.00	Total (sum of lines 70 thru 73)		4	6			74.00
75.00	Organs Transplanted		4	6	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Disarded Organs		0	0			83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		4	6			84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 6/19/2013 11:09 am
		Title XVII	Hospital	Tefra
		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)		511,408	2.00
3.00	PPS payments		275,975	3.00
4.00	Outlier payment (see instructions)		76,768	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.594	5.00
6.00	Line 2 times line 5		303,776	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)		352,743	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)		352,743	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		17,638	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)		370,381	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		370,381	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)		370,381	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)		370,381	40.00
41.00	Interim payments		433,939	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)		-63,558	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: 523300

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

Worksheet E-1
Part I
Date/Time Prepared:
6/19/2013 11:09 am

		Title XVIII		Hospital		Tefra	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		793,509		433,939		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		793,509		433,939		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		140,941		63,558		6.02
7.00	Total Medicare program liability (see instructions)		652,568		370,381		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: 523300

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

Worksheet E-1
Part II
Date/Time Prepared:
6/19/2013 11:09 am

		Title XVIII	Hospital	Tefra
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		12,507	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		215	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		0	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		76,249	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		883,975,170	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		0	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		0	32.00
			Overrides	
			1.00	
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part I Date/Time Prepared: 6/19/2013 11:09 am
		Title XVIII	Hospital	Tefra
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			377,662 1.00
2.00	Organ acquisition			259,109 2.00
3.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			636,771 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5)			636,771 6.00
7.00	Deductibles			19,652 7.00
8.00	Subtotal (line 6 minus line 7)			617,119 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			617,119 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			617,119 14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			35,449 15.00
16.00	THIS LINE SHOULD NOT BE USED			0 16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.99	Recovery of Accelerated Depreciation			0 17.99
18.00	Total amount payable to the provider (see instructions)			652,568 18.00
19.00	Interim payments			793,509 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program (line 18 minus the sum lines 19 and 20)			-140,941 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 6/19/2013 11:09 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	78,374,290			1.00
2.00	Medical and other services		29,633,637		2.00
3.00	Organ acquisition (certified transplant centers only)	138,986			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	78,513,276	29,633,637		4.00
5.00	Inpatient primary payer payments	3,839,381			5.00
6.00	Outpatient primary payer payments		273,660		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	74,673,895	29,359,977		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	79,914,130			8.00
9.00	Ancillary service charges	105,326,139	56,926,864		9.00
10.00	Organ acquisition charges, net of revenue	138,986			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	185,379,255	56,926,864		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	185,379,255	56,926,864		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	106,865,979	27,293,227		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	78,513,276	29,633,637		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	78,513,276	29,633,637		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	74,673,895	29,359,977		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	1,262	8,950		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	74,672,633	29,351,027		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	74,672,633	29,351,027		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	74,672,633	29,351,027		40.00
41.00	Interim payments	54,848,306	27,366,041		41.00
42.00	Balance due provider/program (line 40 minus 41)	19,824,327	1,984,986		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 6/19/2013 11:09 am	
		Title XVII	Hospital	Tefra	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			120.16	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			120.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			208.02	6.00
7.00	Enter the lesser of line 5 or line 6			120.16	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.	84.66	84.00	168.66	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.	48.90	48.52	97.42	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		7.74		10.00
11.00	Total weighted FTE count	48.90	56.26		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	82.67	83.06		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	80.45	71.64		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	70.67	70.32		14.00
15.00	Adjustment for residents in initial years of new programs	50.21	48.27		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.25	0.00		16.00
17.00	Adjusted rolling average FTE count	121.13	118.59		17.00
18.00	Per resident amount	78,529.99	78,529.99		18.00
19.00	Approved amount for resident costs	9,512,338	9,312,872	18,825,210	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)			3.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			87.86	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.84	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)			18,825,210	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	215	0		26.00
27.00	Total Inpatient Days (see instructions)	76,249	76,249		27.00
28.00	Ratio of inpatient days to total inpatient days	0.002820	0.000000		28.00
29.00	Program direct GME amount	53,087	0		29.00
30.00	Reduction for direct GME payments for Medicare managed care		0		30.00
31.00	Net Program direct GME amount			53,087	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 6/19/2013 11:09 am
		Title XVIII	Hospital	Tefra
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		2,788,069	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)		768,711	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		259,109	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,027,820	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		511,408	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		511,408	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,539,228	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.667750	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.332250	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		53,087	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		35,449	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		17,638	50.00

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

Provider CCN: 523300

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

Worksheet G

Date/Time Prepared:
6/19/2013 11:09 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	15,454,866	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	121,299,858	0	0	0	4.00
5.00	Other receivable	38,686,392	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-45,983,533	0	0	0	6.00
7.00	Inventory	4,089,825	0	0	0	7.00
8.00	Prepaid expenses	2,739,580	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)	136,286,988	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	10,241,040	0	0	0	13.00
14.00	Accumulated depreciation	-1,882,565	0	0	0	14.00
15.00	Buildings	387,540,889	0	0	0	15.00
16.00	Accumulated depreciation	-144,466,366	0	0	0	16.00
17.00	Leasehold improvements	97,721,942	0	0	0	17.00
18.00	Accumulated depreciation	-37,564,135	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	123,263	0	0	0	21.00
22.00	Accumulated depreciation	-40,675	0	0	0	22.00
23.00	Major movable equipment	207,052,669	0	0	0	23.00
24.00	Accumulated depreciation	-76,160,848	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)	442,565,214	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	272,315,594	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	417,980,498	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	690,296,092	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,269,148,294	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	28,461,058	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,420,993	0	0	0	38.00
39.00	Payroll taxes payable	305,859	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,177,655	0	0	0	40.00
41.00	Deferred income	760,603	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	41,238,693	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	79,364,861	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	305,042,471	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	70,870,595	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	375,913,066	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	455,277,927	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	813,870,367	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)	813,870,367	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,269,148,294	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 523300

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

Worksheet G-1

Date/Time Prepared:
6/19/2013 11:09 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		748,219,807		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		47,111,693			2.00
3.00	Total (sum of line 1 and line 2)		795,331,500		0	3.00
4.00	CAPITAL ACQUISITIONS	1,477,789		0		4.00
5.00	INTEREST IN CHF	27,471,082		0		5.00
6.00	PENSION ADJUSTMENT	1,573,768		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)		30,522,639		0	10.00
11.00	Subtotal (line 3 plus line 10)		825,854,139		0	11.00
12.00	TRANSFER TO AFFILIATES	12,011,943		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)		12,011,943		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		813,842,196		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	CAPITAL ACQUISITIONS		0			4.00
5.00	INTEREST IN CHF		0			5.00
6.00	PENSION ADJUSTMENT		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	TRANSFER TO AFFILIATES		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: 523300

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/19/2013 11:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	95,722,475		95,722,475	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	95,722,475		95,722,475	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	150,052,344		150,052,344	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE HOT UNIT	21,095,382		21,095,382	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	171,147,726		171,147,726	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	266,870,201		266,870,201	17.00
18.00	Ancillary services	330,229,590	239,509,780	569,739,370	18.00
19.00	Outpatient services	0	48,926,831	48,926,831	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	597,099,791	288,436,611	885,536,402	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		500,090,168		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)		500,090,168		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 523300

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

Worksheet G-3

Date/Time Prepared:
6/19/2013 11:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	885,536,402	1.00
2.00	Less contractual allowances and discounts on patients' accounts	371,798,799	2.00
3.00	Net patient revenues (line 1 minus line 2)	513,737,603	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	500,090,168	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,647,435	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,003,909	6.00
7.00	Income from investments	10,303,083	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	1,049,977	11.00
12.00	Parking lot receipts	81,370	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,456,543	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	1,384,792	17.00
18.00	Revenue from sale of medical records and abstracts	2,321	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	323,779	20.00
21.00	Rental of vending machines	52,185	21.00
22.00	Rental of hospital space	5,427,441	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	3,794,541	24.00
25.00	Total other income (sum of lines 6-24)	26,879,941	25.00
26.00	Total (line 5 plus line 25)	40,527,376	26.00
27.00	OTHER EXPENSES (SPECIFY)	-6,584,317	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-6,584,317	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	47,111,693	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 523300

Period:

Worksheet I-1

Component CCN: 522319

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

Date/Time Prepared:
6/19/2013 11:09 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	174,152	Hours of Service	3,110.00	1.50	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	30.00	0.01	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	-127	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	174,025				9.00
10.00	Employee Benefits	53,509	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	34,675	Percentage of Time			13.00
14.00	Supplies	104,900	Requisitions			14.00
15.00	Drugs	25,719	Requisitions			15.00
16.00	Other	33,299	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	426,127				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	58,368	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	28,959	Percentage of Time			19.00
20.00	Employee Benefits	6,395	Salary			20.00
21.00	Administrative & General	137,148	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	76,745	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	190	Requisitions			24.00
25.00	Pharmacy	-25,629	Requisitions			25.00
26.00	Other Allocated Costs	86,638	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	794,941				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	794,941				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 523300

Period: From 01/01/2012

Worksheet 1-2

Component CCN: 522319

To 12/31/2012

Date/Time Prepared: 6/19/2013 11:09 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	135,113	63,634	174,152	0	59,904	90	1.00
MAINTENANCE								
2.00	Hemodialysis	107,431	53,892	102,971	0	57,945	90	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	27,682	9,742	71,181	0	1,959	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	135,113	63,634	174,152	0	59,904	90	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	105,090	0	537,983	256,958	794,941		1.00
MAINTENANCE								
2.00	Hemodialysis	83,579	0	405,908	193,875	599,783		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCDP	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCDP	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	21,511	0	132,075	63,083	195,158		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	105,090	0	537,983	256,958	794,941		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					794,941		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300
Component CCN: 522319

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

Worksheet 1-3
Date/Time Prepared:
6/19/2013 11:09 am

		Capital Related Costs		Direct Patient Care Salary				
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits (Salary)		
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		135,113	63,634	174,152	0	59,904	1.00
MAINTENANCE								
2.00	Hemodialysis		1,824	84.69	4,499.00	465.00	264,236	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCDP		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCDP		0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	225	470	15.31	3,110.00	84.00	8,931	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		2,294	100.00	7,609.00	549.00	273,167	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		58.898431	636.340000	22.887633	0.000000	0.219294	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	90	105,090	0	537,983	256,958		1.00
MAINTENANCE								
2.00	Hemodialysis	135	27,403	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCDP	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCDP	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	7,053	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	135	34,456	0		537,983		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.666667	3.049977	0.000000		0.477632		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 523300

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

Worksheet 1-4

Component CCN: 522319

Date/Time Prepared:
6/19/2013 11:09 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	170	599,783	3,528.14	27	95,260	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	170	599,783		27	95,260	11.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00		7.00			
1.00	Maintenance - Hemodialysis	2,760,823	102,252.70				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00		7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	2,760,823					11.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 523300

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

Worksheet I-1
Date/Time Prepared:
6/19/2013 11:09 am

Home Program
Dialysis

Tefra

		Total Costs	Bas is	Statist ics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	18,628	Hours of Service	45.00	0.02	1.00
2.00	Licensed Practical Nurses		Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	9,054	Hours of Service	250.00	0.12	5.00
6.00	Dieticians	12,306	Hours of Service	416.00	0.20	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	39,988				9.00
10.00	Employee Benefits	11,174	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	7,031	Requisitions			14.00
15.00	Drugs	120,937	Requisitions			15.00
16.00	Other	0	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	179,130				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	16,683	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			19.00
20.00	Employee Benefits	746	Salary			20.00
21.00	Administrative & General	51,857	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	21,936	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	3,244	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	273,596				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	273,596				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet 1-2		
				Home Program Dialysis		Date/Time Prepared: 6/19/2013 11:09 am		
						Tefra		
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			5.00
1.00	Total Renal Department Costs	38,619	0	18,628	21,360	11,920	120,937	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	274	0	0	288	160	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	423	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	38,345	0	18,205	20,389	11,386	120,937	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	683	374	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	38,619	0	18,628	21,360	11,920	120,937	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	7,031	0	218,495	55,101	273,596		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	722	182	904	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	43	0	466	118	584	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	6,988	0	216,250	54,534	270,784	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	1,057	267	1,324	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	7,031	0	218,495	55,101	273,596	0	17.00
18.00	Medical Educational Program Costs						0	18.00
19.00	Total Renal Costs (line 17 + line 18)					273,596		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 523300		Period: From 01/01/2012 To 12/31/2012		Worksheet 1-3	
				Home Program Dialysis		Date/Time Prepared: 6/19/2013 11:09 am	
						Tefra	
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
	0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	38,619	0	18,628	21,360	11,920	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0.00	0.00	0.00	0	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	5	0.00	0.00	8.00	522	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCDP	0	1.34	1.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCDP	699	95.52	43.00	567.00	37,071	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	19.00	1,218	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	704	96.86	44.00	594.00	38,811	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	54.856534	0.000000	423.363636	35.959596	0.307129	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	120,937	7,031	0	218,495	55,101	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCDP	0	209	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCDP	120,937	34,249	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0					14.00
15.00	ARANESP	0					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	120,937	34,458	0		218,495	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	0.204046	0.000000		0.252184	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet 1-4 Date/Time Prepared: 6/19/2013 11:09 am
	Rate 0	Home Program Dialysis	Tefra

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	15	904	60.27	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	27	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	250	584	2.34	1	2	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	270,784	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	292	272,272		1	2	11.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	0	0.00				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				
6.00	Training - Continuous Cycling Peritoneal Dialysis	171	171.00				
7.00	Home Program - Hemodialysis	0	0.00				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00				
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	171					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 523300	Period: From 01/01/2012 To 12/31/2012	Worksheet I-5 Date/Time Prepared: 6/19/2013 11:09 am
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			95,262 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			2,760,994 2.00
3.00	Deductibles billed to Medicare (Part B) patients			0 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			0 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			0 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			2,208,795 9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			0 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00