

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: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 1:03 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2013 Time: 1:03 pm	
	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 ELKHART GENERAL HOSPITAL ( 150018 ) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	80,189	77,672	0	0 1.00
2.00	Subprovider - IPF	0	20,568	0	0	0 2.00
3.00	Subprovider - IRF	0	13,180	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	113,937	77,672	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 12:30 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 600 EAST BLVD			PO Box:							1.00	
2.00	City: ELKHART			State: IN		Zip Code: 46514		County: ELKHART			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ELKHART GENERAL HOSPITAL	150018	21140	1	01/01/1966	N	P	0	3.00	
4.00	Subprovider - IPF		ELKHART PSYCH	15S018	21140	4	01/01/1990	N	P	0	4.00	
5.00	Subprovider - IRF		ELKHART REHAB	15T018	21140	5	01/01/1993	N	P	0	5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00		
21.00	Type of Control (see instructions)						2		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.			4,505	369	178	53	4,762	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.			115	53	17	6	1	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: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 12:30 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				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.					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.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 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
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 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	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 12:30 pm
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))
			1.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 12:30 pm		
		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00
		1.00				
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
<b>TEFRA Providers</b>						
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		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
		1.00			2.00 3.00	
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		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
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
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	15H013	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: MEMORIAL HEALTH SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08001	
142.00	Street: 615 N MICHIGAN ST	PO Box:			
143.00	City: SOUTH BEND	State: IN		Zip Code: 46601	
				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	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150018			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 12:30 pm	
							1.00	
<b>Multi campus</b>								
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	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 12:30 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	12/01/2011		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		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	04/25/2013	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	REALLOCATIONS FOR CORRECT CTC RATIO	N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150018

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
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.	THOMAS		BRANSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ELKHART GENERAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	574-647-3843		TBRANSON@EGH.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/25/2013	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	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT 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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 150018

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/30/2013 12:30 pm

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	THOMAS	1.00
2.00	Last Name	BRANSON	2.00
3.00	Title	REIMBURSEMENT ANALYST	3.00
4.00	Employer	BEACON HEALTH SYSTEM	4.00
5.00	Phone Number	(574)647-3843	5.00
6.00	E-mail Address	TBRANSON@EGH.ORG	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	615 N MICHIGAN ST	8.00
9.00	Mailing Address 2		9.00
10.00	City	SOUTH BEND	10.00
11.00	State	IN	11.00
12.00	Zip	46601-1087	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	JEFF	13.00
14.00	Last Name	COSTELLO	14.00
15.00	Title	CFO	15.00
16.00	Employer	BEACON HEALTH SYSTEM	16.00
17.00	Phone Number	(574)647-3549	17.00
18.00	E-mail Address	JCOSTELLO@BEACONHEALTHSYSTEM.ORG	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	615 N MICHIGAN ST	20.00
21.00	Mailing Address 2		21.00
22.00	City	SOUTH BEND	22.00
23.00	State	IN	23.00
24.00	Zip	46601-1087	24.00

HFS Supplemental Information		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/30/2013 12:30 pm	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
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	
<b>CRITICAL ACCESS HOSPITALS</b>					
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	
<b>RCE DISALLOWANCE</b>					
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
<b>PASS THROUGH COST</b>					
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: 150018

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	229	83,814	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)		229	83,814	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,784	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE	31.01	8	2,928	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		261	95,526	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,856		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,320		0	17.00
18.00 SUBPROVIDER						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			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		297				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	17,383	3,712	38,113			1.00
2.00 HMO	4,228	4,912				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	77				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)	17,383	3,712	38,113			7.00
8.00 INTENSIVE CARE UNIT	1,975	390	4,005			8.00
8.01 NEONATAL INTENSIVE CARE	0	109	1,126			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		294	3,017			13.00
14.00 Total (see instructions)	19,358	4,505	46,261	0.00	1,427.39	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	766	0	2,585	0.00	19.75	16.00
17.00 SUBPROVIDER - IRF	1,741	115	2,994	0.00	17.09	17.00
18.00 SUBPROVIDER						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
25.00 CMHC - CMHC						25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150018

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	1,464.23	27.00
28.00	Observation Bed Days		0	2,876			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			529			30.00
31.00	Employee discount days - IRF			9			31.00
32.00	Labor & delivery days (see instructions)		450	688			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	4,605	2,834	11,522	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,605	2,834	11,522	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	117	63	471	16.00
17.00	SUBPROVIDER - IRF	0.00	0	186	15	300	17.00
18.00	SUBPROVIDER						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						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150018

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	90,834,303	0	90,834,303	3,331,433.00	27.27
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		178,341	0	178,341	2,080.00	85.74
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		537,140	-269,716	267,424	2,731.00	97.92
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		19,578,734	-179,137	19,399,597	527,709.00	36.76
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		5,519,026	0	5,519,026	217,627.00	25.36
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		192,148	0	192,148	8,440.70	22.76
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		22,119,073	0	22,119,073		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		8,570,152	0	8,570,152		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		19,653	0	19,653		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		25,802	0	25,802		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	2,468,274	0	2,468,274	60,027.00	41.12
27.00	Administrative & General	5.00	9,470,342	243,930	9,714,272	397,544.00	24.44
28.00	Administrative & General under contract (see inst.)		4,077,992	0	4,077,992	62,674.00	65.07
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,459,431	0	1,459,431	58,106.00	25.12
31.00	Laundry & Linen Service	8.00	964,824	0	964,824	80,163.00	12.04
32.00	Housekeeping	9.00	1,617,059	0	1,617,059	138,614.00	11.67
33.00	Housekeeping under contract (see instructions)		121,750	0	121,750	2,080.00	58.53
34.00	Dietary	10.00	1,703,391	-634,868	1,068,523	65,166.00	16.40
35.00	Dietary under contract (see instructions)		603,963	0	603,963	14,560.00	41.48
36.00	Cafeteria	11.00	46,691	634,868	681,559	57,452.00	11.86
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	4,052,447	-355,170	3,697,277	144,314.00	25.62
39.00	Central Services and Supply	14.00	644,089	0	644,089	38,394.00	16.78
40.00	Pharmacy	15.00	3,386,340	-3,228,626	157,714	2,080.00	75.82
41.00	Medical Records & Medical Records Library	16.00	1,830,385	0	1,830,385	89,851.00	20.37

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/30/2013 12:30 pm		
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Soci al Servi ce	17.00	831,138	-64,793	766,345	23,299.00	32.89	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150018

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2013 12:30 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	95,100,868	269,716	95,370,584	3,408,016.00	27.98	1.00
2.00	Excluded area salaries (see instructions)	19,578,734	-179,137	19,399,597	527,709.00	36.76	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,522,134	448,853	75,970,987	2,880,307.00	26.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,711,174	0	5,711,174	226,067.70	25.26	4.00
5.00	Subtotal wage-related costs (see inst.)	22,138,726	0	22,138,726	0.00	29.14	5.00
6.00	Total (sum of lines 3 thru 5)	103,372,034	448,853	103,820,887	3,106,374.70	33.42	6.00
7.00	Total overhead cost (see instructions)	33,278,116	-3,404,659	29,873,457	1,234,324.00	24.20	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 12:30 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		2,162,300	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		3,972,580	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		30,324	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		14,912,954	8.00
9.00	Prescription Drug Plan		500	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		416,526	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		69,205	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		716,509	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		6,037,366	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		139,063	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		75,586	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		28,532,913	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		2,204,916	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/30/2013 12:30 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 12:30 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.344481		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		23,028,364		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		84,881,750		6.00
7.00	Medicaid cost (line 1 times line 6)		29,240,150		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		6,211,786		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,211,786		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,632,482	5,629,132	14,261,614	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,973,726	1,939,129	4,912,855	21.00
22.00	Partial payment by patients approved for charity care	460,487	1,706,337	2,166,824	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,513,239	232,792	2,746,031	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,550,405		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		707,588		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		20,842,817		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		7,179,954		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		9,925,985		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,137,771		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
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	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	9,721,719	9,721,719	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		17,188,878	17,188,878	-2,206,613	14,982,265	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	2,468,274	-12,648,089	-10,179,815	0	-10,179,815	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,470,342	54,822,067	64,292,409	701,301	64,993,710	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,459,431	7,636,497	9,095,928	-4,566,762	4,529,166	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	964,824	2,014,210	2,979,034	-130,288	2,848,746	8.00
9.00	00900	HOUSEKEEPING	1,617,059	1,616,364	3,233,423	-121,450	3,111,973	9.00
10.00	01000	DIETARY	1,703,391	2,989,149	4,692,540	-1,881,917	2,810,623	10.00
11.00	01100	CAFETERIA	46,691	76,947	123,638	1,843,304	1,966,942	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,052,447	3,740,033	7,792,480	-431,354	7,361,126	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	644,089	518,108	1,162,197	16,584	1,178,781	14.00
15.00	01500	PHARMACY	3,386,340	9,876,309	13,262,649	-11,963,427	1,299,222	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,830,385	1,403,758	3,234,143	-440,443	2,793,700	16.00
17.00	01700	SOCIAL SERVICE	831,138	683,658	1,514,796	-64,793	1,450,003	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	170,328	117,227	287,555	-1,057	286,498	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,572,001	6,419,957	19,991,958	-924,009	19,067,949	30.00
31.00	03100	INTENSIVE CARE UNIT	3,357,652	2,325,277	5,682,929	-455,786	5,227,143	31.00
31.01	03101	NEONATAL INTENSIVE CARE	548,119	234,165	782,284	0	782,284	31.01
40.00	04000	SUBPROVIDER - I/PF	1,044,878	385,478	1,430,356	60,320	1,490,676	40.00
41.00	04100	SUBPROVIDER - I/RF	980,645	427,980	1,408,625	-14,240	1,394,385	41.00
43.00	04300	NURSERY	718,683	352,997	1,071,680	321,272	1,392,952	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,929,893	21,282,755	26,212,648	-18,715,387	7,497,261	50.00
51.00	05100	RECOVERY ROOM	2,017,400	1,078,736	3,096,136	-335,695	2,760,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,228,516	639,321	1,867,837	-2,722	1,865,115	52.00
53.00	05300	ANESTHESIOLOGY	28,266	4,880,408	4,908,674	-307,407	4,601,267	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,775,277	1,327,936	3,103,213	-241,420	2,861,793	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	512,622	909,078	1,421,700	161,366	1,583,066	54.01
54.02	05402	BREAST CENTER	579,168	340,518	919,686	0	919,686	54.02
54.03	05403	RADIATION ONCOLOGY	821,467	460,856	1,282,323	237,435	1,519,758	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIO SOTOPE	228,393	485,675	714,068	162,570	876,638	56.00
56.01	05601	ULTRASOUND	546,482	186,316	732,798	52,494	785,292	56.01
57.00	05700	CT SCAN	695,064	418,692	1,113,756	406,057	1,519,813	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	348,953	225,961	574,914	335,204	910,118	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,000,561	6,452,801	7,453,362	-5,041,089	2,412,273	59.00
60.00	06000	LABORATORY	0	10,152,992	10,152,992	-274,541	9,878,451	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,651,096	1,651,096	0	1,651,096	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	945,346	638,725	1,584,071	-335,965	1,248,106	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	2,703,804	1,393,060	4,096,864	66,912	4,163,776	65.00
66.00	06600	PHYSICAL THERAPY	952,751	341,409	1,294,160	-314	1,293,846	66.00
67.00	06700	OCCUPATIONAL THERAPY	486,711	152,537	639,248	-190	639,058	67.00
68.00	06800	SPEECH PATHOLOGY	154,856	89,545	244,401	0	244,401	68.00
69.00	06900	ELECTROCARDIOLOGY	164,265	56,307	220,572	-17	220,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,610,298	17,610,298	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,617,867	9,617,867	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,070,687	12,070,687	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	625,084	297,596	922,680	6,553	929,233	90.00
91.00	09100	EMERGENCY	3,839,824	2,734,922	6,574,746	-377,992	6,196,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	-62,718	-62,718	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150018		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	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,022,985	2,022,985	-2,022,985		113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,451,420	158,401,197	231,852,617	2,471,362	234,323,979	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,363,653	14,386,692	28,750,345	-455,096	28,295,249	192.00
192.01	19201	HOSPITAL BASED CLINIC	511,578	664,355	1,175,933	0	1,175,933	192.01
192.02	19202	OUTPATIENT PSYCH	1,877,347	643,665	2,521,012	-122,709	2,398,303	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	630,305	5,293,147	5,923,452	-1,893,557	4,029,895	194.00
200.00		TOTAL (SUM OF LINES 118-199)	90,834,303	179,389,056	270,223,359	0	270,223,359	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	254,811	9,976,530				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	79,582	15,061,847				2.00
3.00	00300	OTHER CAP REL COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	0	-10,179,815				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	326,809	65,320,519				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	-67,170	4,461,996				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,848,746				8.00
9.00	00900	HOUSEKEEPING	-8,548	3,103,425				9.00
10.00	01000	DIETARY	-679,739	2,130,884				10.00
11.00	01100	CAFETERIA	-107,986	1,858,956				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	-1,177,650	-1,177,650				12.00
13.00	01300	NURSING ADMINISTRATION	-20,597	7,340,529				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,178,781				14.00
15.00	01500	PHARMACY	0	1,299,222				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-176,363	2,617,337				16.00
17.00	01700	SOCIAL SERVICE	-160,551	1,289,452				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
23.00	02300	PARAMED PRGM-(SPECIFY)	-22,065	264,433				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-2,384,215	16,683,734				30.00
31.00	03100	INTENSIVE CARE UNIT	-552,716	4,674,427				31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	782,284				31.01
40.00	04000	SUBPROVIDER - I PF	0	1,490,676				40.00
41.00	04100	SUBPROVIDER - I RF	0	1,394,385				41.00
43.00	04300	NURSERY	0	1,392,952				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	0	7,497,261				50.00
51.00	05100	RECOVERY ROOM	0	2,760,441				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,401	1,861,714				52.00
53.00	05300	ANESTHESIOLOGY	-4,370,882	230,385				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,502	2,859,291				54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	1,583,066				54.01
54.02	05402	BREAST CENTER	0	919,686				54.02
54.03	05403	RADIATION ONCOLOGY	0	1,519,758				54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	0	876,638				56.00
56.01	05601	ULTRASOUND	0	785,292				56.01
57.00	05700	CT SCAN	0	1,519,813				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	910,118				58.00
59.00	05900	CARDIAC CATHETERIZATION	-2,889	2,409,384				59.00
60.00	06000	LABORATORY	0	9,878,451				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	1,651,096				62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,248,106				64.00
64.01	06401	HOME INFUSION	0	0				64.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.00	06500	RESPIRATORY THERAPY	-12,517	4,151,259	65.00
66.00	06600	PHYSICAL THERAPY	-2,671	1,291,175	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	639,058	67.00
68.00	06800	SPEECH PATHOLOGY	0	244,401	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,150	219,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,610,298	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,617,867	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,070,687	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-27,739	901,494	90.00
91.00	09100	EMERGENCY	-12,431	6,184,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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	-62,718	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,132,580	225,191,399	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	28,295,249	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	1,175,933	192.01
192.02	19202	OUTPATIENT PSYCH	0	2,398,303	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	4,029,895	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-9,132,580	261,090,779	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150018

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
23.00 PARAMEDICAL PRGM-(SPECIFY)	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
31.01 NEONATAL INTENSIVE CARE	03101		31.01
40.00 SUBPROVIDER - I/PF	04000		40.00
41.00 SUBPROVIDER - I/RF	04100		41.00
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
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
54.01 INTERVENTIONAL RADIOLOGY	05401		54.01
54.02 BREAST CENTER	05402		54.02
54.03 RADIATION ONCOLOGY	05403		54.03
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
56.01 ULTRASOUND	05601		56.01
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
64.01 HOME INFUSION	06401		64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
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

COST CENTERS USED IN COST REPORT

Provider CCN: 150018

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
98.00	OTHER REIMBURSABLE COST CENTERS	05950		98.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
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
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
192.01	HOSPITAL BASED CLINIC	19201		192.01
192.02	OUTPATIENT PSYCH	19202		192.02
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2013 12:30 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	213,881	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,154	2.00	
	TOTALS		0	225,035		
<b>B - INTEREST</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,022,985	1.00	
	TOTALS		0	2,022,985		
<b>C - DIETARY</b>						
1.00	CAFETERIA	11.00	634,868	1,247,049	1.00	
	TOTALS		634,868	1,247,049		
<b>D - CASE MGMT</b>						
1.00	SUBPROVIDER - IPF	40.00	64,793	0	1.00	
	TOTALS		64,793	0		
<b>E - SERVICE CONTRACTS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,318	1.00	
2.00	PHARMACY	15.00	0	125,484	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	4,737	3.00	
4.00	OPERATING ROOM	50.00	0	60,553	4.00	
5.00	ANESTHESIOLOGY	53.00	0	3,416	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	206,579	6.00	
7.00	INTERVENTIONAL RADIOLOGY	54.01	0	161,366	7.00	
8.00	RADIATION ONCOLOGY	54.03	0	237,435	8.00	
9.00	RADIOISOTOPE	56.00	0	165,029	9.00	
10.00	ULTRASOUND	56.01	0	52,494	10.00	
11.00	CT SCAN	57.00	0	417,966	11.00	
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	340,363	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	356,582	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	91,755	14.00	
15.00	CLINIC	90.00	0	7,040	15.00	
16.00	EMERGENCY	91.00	0	3,416	16.00	
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	85,196	17.00	
	TOTALS		0	2,346,729		
<b>G - PHYS PRACTICE</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	66,287	1.00	
	TOTALS		0	66,287		
<b>H - NURSERY</b>						
1.00	NURSERY	43.00	103,471	217,801	1.00	
	TOTALS		103,471	217,801		
<b>I - ONCOLOGY</b>						
1.00	ADULTS & PEDIATRICS	30.00	265,571	55,021	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	89,599	18,563	2.00	
	TOTALS		355,170	73,584		
<b>L - MARKETING</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	243,930	1,649,627	1.00	
	TOTALS		243,930	1,649,627		
<b>M - DRUGS CHARGES</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,842,061	1.00	
	TOTALS		0	8,842,061		
<b>N - RENT</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	615,506	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,377,039	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
	TOTALS		0	4,992,545		
<b>O - SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,610,298	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,617,867	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	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	TOTALS		0	27,228,165		
	P - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,869,347		1.00
	TOTALS		0	6,869,347		
	Q - LAB					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		274,541		1.00
	TOTALS		0	274,541		
	R - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,228,626	0		1.00
	TOTALS		3,228,626	0		
500.00	Grand Total: Increases		4,630,858	56,055,756		500.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2013 12:30 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	225,035	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	225,035			
<b>B - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	2,022,985	11		1.00
	TOTALS		0	2,022,985			
<b>C - DIETARY</b>							
1.00	DIETARY	10.00	634,868	1,247,049	0		1.00
	TOTALS		634,868	1,247,049			
<b>D - CASE MGMT</b>							
1.00	SOCIAL SERVICE	17.00	64,793	0	0		1.00
	TOTALS		64,793	0			
<b>E - SERVICE CONTRACTS</b>							
1.00	OPERATION OF PLANT	7.00	0	2,346,729	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
	TOTALS		0	2,346,729			
<b>G - PHYS PRACTICE</b>							
1.00	OPERATION OF PLANT	7.00	0	66,287	0		1.00
	TOTALS		0	66,287			
<b>H - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	103,471	217,801	0		1.00
	TOTALS		103,471	217,801			
<b>I - ONCOLOGY</b>							
1.00	NURSING ADMINISTRATION	13.00	355,170	73,584	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		355,170	73,584			
<b>L - MARKETING</b>							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	243,930	1,649,627	0		1.00
	TOTALS		243,930	1,649,627			
<b>M - DRUGS CHARGES</b>							
1.00	PHARMACY	15.00	0	8,842,061	0		1.00
	TOTALS		0	8,842,061			
<b>N - RENT</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	967,221	10		1.00
2.00	OPERATION OF PLANT	7.00	0	2,153,746	10		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	130,288	0		3.00
4.00	HOUSEKEEPING	9.00	0	121,450	0		4.00
5.00	CAFETERIA	11.00	0	38,613	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,600	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,459	0		7.00
8.00	PHARMACY	15.00	0	18,224	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	440,443	0		9.00
10.00	OPERATING ROOM	50.00	0	31,513	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	437,362	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	909	0		12.00
13.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	62,545	0		13.00
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	456,463	0		14.00
15.00	OUTPATIENT PSYCH	192.02	0	122,709	0		15.00
	TOTALS		0	4,992,545			
<b>O - SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,275	0		1.00
2.00	PARAMED PRGM-(SPECIFY)	23.00	0	1,057	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	928,066	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	374,950	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	80,836	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	4,473	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	14,240	0		7.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6

Date/Time Prepared:  
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		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
8.00	OPERATING ROOM	50.00	0	18,744,427	0		8.00
9.00	RECOVERY ROOM	51.00	0	335,695	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,722	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	310,823	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,880	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	111,728	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	87	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,104	0		15.00
16.00	RADIOISOTOPE	56.00	0	910	0		16.00
17.00	RADIOISOTOPE	56.00	0	1,549	0		17.00
18.00	CT SCAN	57.00	0	11,909	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,159	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	5,397,671	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	335,953	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	12	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	23,934	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	314	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	190	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	17	0		26.00
27.00	CLINIC	90.00	0	487	0		27.00
28.00	EMERGENCY	91.00	0	381,408	0		28.00
29.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	173	0		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	150,116	0		30.00
	TOTALS		0	27,228,165			
P - DEPRECIATION							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,869,347	9		1.00
	TOTALS		0	6,869,347			
Q - LAB							
1.00	LABORATORY	60.00		274,541	14		1.00
	TOTALS		0	274,541			
R - PHARMACY							
1.00	PHARMACY	15.00	3,228,626	0	0		1.00
	TOTALS		3,228,626	0	0		
500.00	Grand Total: Decreases		4,630,858	56,055,756			500.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/30/2013 12:30 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	2.00
	TOTALS		TOTALS		0	
<b>B - INTEREST</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	INTEREST EXPENSE	113.00	0	1.00
	TOTALS		TOTALS		0	
<b>C - DIETARY</b>						
1.00	CAFETERIA	11.00	DIETARY	10.00	634,868	1.00
	TOTALS		TOTALS		634,868	
<b>D - CASE MGMT</b>						
1.00	SUBPROVIDER - IPF	40.00	SOCIAL SERVICE	17.00	64,793	1.00
	TOTALS		TOTALS		64,793	
<b>E - SERVICE CONTRACTS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	OPERATION OF PLANT	7.00	0	1.00
2.00	PHARMACY	15.00		0.00	0	2.00
3.00	ADULTS & PEDIATRICS	30.00		0.00	0	3.00
4.00	OPERATING ROOM	50.00		0.00	0	4.00
5.00	ANESTHESIOLOGY	53.00		0.00	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		0.00	0	6.00
7.00	INTERVENTIONAL RADIOLOGY	54.01		0.00	0	7.00
8.00	RADIATION ONCOLOGY	54.03		0.00	0	8.00
9.00	RADIOISOTOPE	56.00		0.00	0	9.00
10.00	ULTRASOUND	56.01		0.00	0	10.00
11.00	CT SCAN	57.00		0.00	0	11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.00	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00		0.00	0	13.00
14.00	RESPIRATORY THERAPY	65.00		0.00	0	14.00
15.00	CLINIC	90.00		0.00	0	15.00
16.00	EMERGENCY	91.00		0.00	0	16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00		0.00	0	17.00
	TOTALS		TOTALS		0	
<b>G - PHYS PRACTICE</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	OPERATION OF PLANT	7.00	0	1.00
	TOTALS		TOTALS		0	
<b>H - NURSERY</b>						
1.00	NURSERY	43.00	ADULTS & PEDIATRICS	30.00	103,471	1.00
	TOTALS		TOTALS		103,471	
<b>I - ONCOLOGY</b>						
1.00	ADULTS & PEDIATRICS	30.00	NURSING ADMINISTRATION	13.00	355,170	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00		0.00	0	2.00
	TOTALS		TOTALS		355,170	
<b>L - MARKETING</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	243,930	1.00
	TOTALS		TOTALS		243,930	
<b>M - DRUGS CHARGES</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00
	TOTALS		TOTALS		0	
<b>N - RENT</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	OPERATION OF PLANT	7.00	0	2.00
3.00		0.00	LAUNDRY & LINEN SERVICE	8.00	0	3.00
4.00		0.00	HOUSEKEEPING	9.00	0	4.00
5.00		0.00	CAFETERIA	11.00	0	5.00
6.00		0.00	NURSING ADMINISTRATION	13.00	0	6.00
7.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	7.00
8.00		0.00	PHARMACY	15.00	0	8.00
9.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	0	9.00
10.00		0.00	OPERATING ROOM	50.00	0	10.00
11.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00		0.00	RESPIRATORY THERAPY	65.00	0	12.00
13.00		0.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	13.00
14.00		0.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14.00
15.00		0.00	OUTPATIENT PSYCH	192.02	0	15.00
	TOTALS		TOTALS		0	
<b>O - SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	PARAMED PRGM-(SPECIFY)	23.00	0	2.00
3.00		0.00	ADULTS & PEDIATRICS	30.00	0	3.00
4.00		0.00	INTENSIVE CARE UNIT	31.00	0	4.00

Provider CCN: 150018

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

Worksheet A-6  
Non-CMS Worksheet  
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Increases				Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
5.00	0.00		0 INTENSIVE CARE UNIT	31.00	0	5.00	
6.00	0.00		0 SUBPROVIDER - IPF	40.00	0	6.00	
7.00	0.00		0 SUBPROVIDER - IRF	41.00	0	7.00	
8.00	0.00		0 OPERATING ROOM	50.00	0	8.00	
9.00	0.00		0 RECOVERY ROOM	51.00	0	9.00	
10.00	0.00		0 DELIVERY ROOM & LABOR ROOM	52.00	0	10.00	
11.00	0.00		0 ANESTHESIOLOGY	53.00	0	11.00	
12.00	0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	12.00	
13.00	0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	13.00	
14.00	0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	14.00	
15.00	0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	15.00	
16.00	0.00		0 RADIOISOTOPE	56.00	0	16.00	
17.00	0.00		0 RADIOISOTOPE	56.00	0	17.00	
18.00	0.00		0 CT SCAN	57.00	0	18.00	
19.00	0.00		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19.00	
20.00	0.00		0 CARDIAC CATHETERIZATION	59.00	0	20.00	
21.00	0.00		0 INTRAVENOUS THERAPY	64.00	0	21.00	
22.00	0.00		0 INTRAVENOUS THERAPY	64.00	0	22.00	
23.00	0.00		0 RESPIRATORY THERAPY	65.00	0	23.00	
24.00	0.00		0 PHYSICAL THERAPY	66.00	0	24.00	
25.00	0.00		0 OCCUPATIONAL THERAPY	67.00	0	25.00	
26.00	0.00		0 ELECTROCARDIOLOGY	69.00	0	26.00	
27.00	0.00		0 CLINIC	90.00	0	27.00	
28.00	0.00		0 EMERGENCY	91.00	0	28.00	
29.00	0.00		0 DURABLE MEDICAL EQUIP-RENTED	96.00	0	29.00	
30.00	0.00		0 PHYSICIANS' PRIVATE OFFICES	192.00	0	30.00	
TOTALS			0 TOTALS		0		
P - DEPRECIATION							
1.00	1.00		0 CAP REL COSTS-BLDG & FIXT	2.00	0	1.00	
TOTALS			0 TOTALS		0		
Q - LAB							
1.00	2.00		LABORATORY	60.00		1.00	
TOTALS			0 TOTALS		0		
R - PHARMACY							
1.00	73.00	3,228,626	PHARMACY	15.00	3,228,626	1.00	
TOTALS			3,228,626	TOTALS	3,228,626		
500.00	Grand Total: Increases		4,630,858	Grand Total: Decreases		4,630,858	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,163,581	450,000	0	450,000	0	1.00
2.00	Land Improvements	5,184,070	123,214	0	123,214	695,805	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	175,225,981	14,539,401	0	14,539,401	21,178,801	4.00
5.00	Fixed Equipment	3,339,494	168,896	0	168,896	1,839,889	5.00
6.00	Movable Equipment	117,459,869	5,906,538	0	5,906,538	65,016,413	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	302,372,995	21,188,049	0	21,188,049	88,730,908	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	302,372,995	21,188,049	0	21,188,049	88,730,908	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,613,581	0				1.00
2.00	Land Improvements	4,611,479	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	168,586,581	0				4.00
5.00	Fixed Equipment	1,668,501	0				5.00
6.00	Movable Equipment	58,349,994	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	234,830,136	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	234,830,136	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,188,878	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,188,878	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,188,878				2.00
3.00	Total (sum of lines 1-2)	0	17,188,878				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2013 12:30 pm

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	184,913,126	0	184,913,126	0.611540	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	117,459,869	0	117,459,869	0.388460	0	2.00
3.00	Total (sum of lines 1-2)	302,372,995	0	302,372,995	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	6,937,696	615,506	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,399,113	4,377,039	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,336,809	4,992,545	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	2,209,447	213,881	0	0	9,976,530	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,154	0	274,541	15,061,847	2.00
3.00	Total (sum of lines 1-2)	2,209,447	225,035	0	274,541	25,038,377	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,965,423					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	1,371,641					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-1,177,650		MAINTENANCE OF PERSONNEL	12.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients	B	-176,363		MEDICAL RECORDS & LIBRARY	16.00		0	17.00
18.00 Sale of medical records and abstracts	B	-98,340		SOCIAL SERVICE	17.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)				UTILIZATION REVIEW - SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00			30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 TELEVISION EXPENSE	A	-30,879		ADMINISTRATIVE & GENERAL	5.00		0	33.00
34.00 PHYSICIAN RECRUITMENT	A	-476,073		ADMINISTRATIVE & GENERAL	5.00		0	34.00
35.00 MEALS ON WHEELS EXPENSE	A	-679,624		DIETARY	10.00		0	35.00
36.00 LOBBYING EXPENSES	A	-33,171		ADMINISTRATIVE & GENERAL	5.00		0	36.00

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		
37.00 INTEREST RECEIVED ON A/R	A	-1,183	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 NSF CHARGES	A	-920	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 DELI ARCADE	A	-101,115	CAFETERIA	11.00	0	39.00
40.00 MEDICAL STAFF DUES	B	-81,450	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	41.00
42.00 PAYPHONE REVENUE	B	-109	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 COMMUNICATIONS	B	-6,348	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00 ADVOCACY REVENUE	B	-293,366	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00 EMS REVENUE	B	-22,065	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	45.00
46.00 MANAGED CARE REVENUE	B	-121,333	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00 CATERING REVENUE	B	-6,224	CAFETERIA	11.00	0	47.00
48.00 DIETARY OTHER REVENUE	B	-647	CAFETERIA	11.00	0	48.00
49.00 ENVIRONMENTAL SERVICES	B	-8,548	HOUSEKEEPING	9.00	0	49.00
49.01 PLANT MAINT. MISC. REVENUE	B	-3,725	OPERATION OF PLANT	7.00	0	49.01
49.02 RIVERPOINT PLANT MAINT.	B	-63,445	OPERATION OF PLANT	7.00	0	49.02
49.03 PHYSICAL THERAPY MISC. REVENUE	B	-2,671	PHYSICAL THERAPY	66.00	0	49.03
49.04 RESPIRATORY RIVERPOINT REVENUE	B	-59	RESPIRATORY THERAPY	65.00	0	49.04
49.05 CCL - CARDIOVASCULAR LAB REVENUE	B	-61	ELECTROCARDIOLOGY	69.00	0	49.05
49.06 IMAGING SERVICES REVENUE	B	-2,502	RADIOLOGY-DIAGNOSTIC	54.00	0	49.06
49.07		0		0.00	0	49.07
49.08 DIAGNOSTIC RADIOLOGY MISC. REVENUE	B	-375	RESPIRATORY THERAPY	65.00	0	49.08
49.09 NURSING ADMIN. MISC. REVENUE	B	-20,597	NURSING ADMINISTRATIVE	13.00	0	49.09
49.10 COMPLEMENTARY TAXI EXPENSE	A	-62,211	SOCIAL SERVICE	17.00	0	49.10
49.11 INVESTMENT INCOME	B	186,462	CAP REL COSTS-BLDG & FIXT	1.00	11	49.11
49.13 1998 RE-LIFING ADJUSTMENT	A	14,544	CAP REL COSTS-MVBLE EQUIP	2.00	9	49.13
49.15 AHA 89/90 CARRYFORWARD	A	68,349	CAP REL COSTS-BLDG & FIXT	1.00	9	49.15
49.16 1998 EXCESS DEPRECIATION	A	988	CAP REL COSTS-MVBLE EQUIP	2.00	9	49.16
49.17 89/90 AHA LIVES	A	30,270	CAP REL COSTS-MVBLE EQUIP	2.00	9	49.17
49.19 1989 AHA LIVES	A	17,138	CAP REL COSTS-MVBLE EQUIP	2.00	9	49.19
49.20 1990 AHA LIVES	A	16,642	CAP REL COSTS-MVBLE EQUIP	2.00	9	49.20
49.21 MISC. NUTRITIONAL SERVICES REVENUE	B	-115	DIETARY	10.00	0	49.21
49.22 LACTATION SUPPLIES SALES REVENUE	B	-3,401	DELIVERY ROOM & LABOR ROOM	52.00	0	49.22
49.23 WOMENS' SERVICES MISC. REVENUE	B	-27,739	CLINIC	90.00	0	49.23
49.24 PHYSICIAN GUARANTEE	A	-4,370,882	ANESTHESIOLOGY	53.00	0	49.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,132,580				50.00

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

Provider CCN: 150018

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2013 12:30 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-CAPITAL COST	1,975,956	0
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-ALLOWABLE	0	604,315
3.00	0.00			0	0
4.00	0.00			0	0
5.00	0			1,975,956	604,315

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

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

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

6.00	B	MEM HEALTH SYS	30.80		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150018

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2013 12:30 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1,975,956	0		1.00
2.00	-604,315	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	1,371,641			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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: 150018

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2013 12:30 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	10,000	0	10,000	171,400	159	1.00
2.00	4.00	EMPLOYEE BENEFITS	13,736	0	13,736	204,100	142	2.00
3.00	66.00	PHYSICAL THERAPY	5,000	0	5,000	171,400	139	3.00
4.00	69.00	ELECTROCARDIOLOGY	1,333	0	1,333	171,400	6	4.00
5.00	69.00	ELECTROCARDIOLOGY	580	0	580	171,400	4	5.00
6.00	65.00	RESPIRATORY THERAPY	5,400	0	5,400	171,400	127	6.00
7.00	65.00	RESPIRATORY THERAPY	25,000	0	25,000	171,400	174	7.00
8.00	65.00	RESPIRATORY THERAPY	2,080	0	2,080	171,400	8	8.00
9.00	59.00	CARDIAC CATHETERIZATION	4,290	0	4,290	171,400	17	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	24,833	0	24,833	231,100	2,213	10.00
11.00	91.00	EMERGENCY	100,001	0	100,001	154,100	1,182	11.00
12.00	30.00	ADULTS & PEDIATRICS	12,905	0	12,905	154,100	89	12.00
13.00	30.00	ADULTS & PEDIATRICS	2,377,904	2,377,904	0	0	0	13.00
14.00	31.00	INTENSIVE CARE UNIT	552,716	552,716	0	0	0	14.00
200.00			3,135,778	2,930,620	205,158		4,260	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	5.00	ADMINISTRATIVE & GENERAL	13,102	655	0	0	0	1.00
2.00	4.00	EMPLOYEE BENEFITS	13,934	697	0	0	0	2.00
3.00	66.00	PHYSICAL THERAPY	11,454	573	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	494	25	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	330	17	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	10,465	523	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	14,338	717	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	659	33	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	1,401	70	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	245,877	12,294	0	0	0	10.00
11.00	91.00	EMERGENCY	87,570	4,379	0	0	0	11.00
12.00	30.00	ADULTS & PEDIATRICS	6,594	330	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	13.00
14.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	14.00
200.00			406,218	20,313	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	5.00	ADMINISTRATIVE & GENERAL	0	13,102	0	0		1.00
2.00	4.00	EMPLOYEE BENEFITS	0	13,934	0	0		2.00
3.00	66.00	PHYSICAL THERAPY	0	11,454	0	0		3.00
4.00	69.00	ELECTROCARDIOLOGY	0	494	839	839		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	330	250	250		5.00
6.00	65.00	RESPIRATORY THERAPY	0	10,465	0	0		6.00
7.00	65.00	RESPIRATORY THERAPY	0	14,338	10,662	10,662		7.00
8.00	65.00	RESPIRATORY THERAPY	0	659	1,421	1,421		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	1,401	2,889	2,889		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	245,877	0	0		10.00
11.00	91.00	EMERGENCY	0	87,570	12,431	12,431		11.00
12.00	30.00	ADULTS & PEDIATRICS	0	6,594	6,311	6,311		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,377,904		13.00
14.00	31.00	INTENSIVE CARE UNIT	0	0	0	552,716		14.00
200.00			0	406,218	34,803	2,965,423		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

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			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,976,530	9,976,530			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	15,061,847		15,061,847		2.00
4.00 00400	EMPLOYEE BENEFITS	-10,179,815	32,299	15,639	-10,131,877	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	65,320,519	660,891	5,943,189	0	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	4,461,996	2,114,734	1,949,020	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,848,746	221,488	124,526	0	8.00
9.00 00900	HOUSEKEEPING	3,103,425	66,334	55,286	0	9.00
10.00 01000	DIETARY	2,130,884	170,309	72,922	0	10.00
11.00 01100	CAFETERIA	1,858,956	65,221	11,126	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	-1,177,650	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,340,529	43,711	112,218	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,178,781	182,598	118,638	0	14.00
15.00 01500	PHARMACY	1,299,222	64,462	468,017	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,617,337	61,226	24,461	0	16.00
17.00 01700	SOCIAL SERVICE	1,289,452	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
23.00 02300	PARAMED PRGM-(SPECIFY)	264,433	4,214	26,901	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	16,683,734	1,721,604	898,460	0	30.00
31.00 03100	INTENSIVE CARE UNIT	4,674,427	188,583	102,629	0	31.00
31.01 03101	NEONATAL INTENSIVE CARE	782,284	39,278	21,437	0	31.01
40.00 04000	SUBPROVIDER - I/PF	1,490,676	183,947	85,163	0	40.00
41.00 04100	SUBPROVIDER - I/RF	1,394,385	160,144	8,669	0	41.00
43.00 04300	NURSERY	1,392,952	159,858	57,862	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,497,261	784,775	1,570,205	0	50.00
51.00 05100	RECOVERY ROOM	2,760,441	137,421	245,300	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,861,714	261,575	111,084	0	52.00
53.00 05300	ANESTHESIOLOGY	230,385	9,609	182,306	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,859,291	0	0	0	54.00
54.01 05401	INTERVENTIONAL RADIOLOGY	1,583,066	0	0	0	54.01
54.02 05402	BREAST CENTER	919,686	57,180	123,040	0	54.02
54.03 05403	RADIATION ONCOLOGY	1,519,758	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	876,638	0	0	0	56.00
56.01 05601	ULTRASOUND	785,292	0	0	0	56.01
57.00 05700	CT SCAN	1,519,813	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	910,118	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,409,384	68,643	0	0	59.00
60.00 06000	LABORATORY	9,878,451	91,518	2,076	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	1,651,096	0	579	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	1,248,106	32,922	2,830	0	64.00
64.01 06401	HOME INFUSION	0	0	0	0	64.01
65.00 06500	RESPIRATORY THERAPY	4,151,259	183,087	144,316	0	65.00
66.00 06600	PHYSICAL THERAPY	1,291,175	80,544	29,488	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	639,058	40,205	15,906	0	67.00
68.00 06800	SPEECH PATHOLOGY	244,401	24,106	831	0	68.00
69.00 06900	ELECTROCARDIOLOGY	219,405	56,135	27,203	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,610,298	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,617,867	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,070,687	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	901,494	90,102	33,315	0	90.00
91.00 09100	EMERGENCY	6,184,323	230,878	855,390	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal		
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT				MVBLE EQUIP
			0	1.00	2.00	4.00	4A	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-62,718	0	0	0	-62,718	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		<b>SUBTOTALS (SUM OF LINES 1-117)</b>	<b>225,191,399</b>	<b>8,289,601</b>	<b>13,440,032</b>	<b>0</b>	<b>232,014,532</b>	<b>118.00</b>
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,295,249	450,765	1,425,229	0	30,171,243	192.00
192.01	19201	HOSPITAL BASED CLINIC	1,175,933	84,725	18,891	0	1,279,549	192.01
192.02	19202	OUTPATIENT PSYCH	2,398,303	0	35,601	0	2,433,904	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	4,029,895	1,151,439	142,094	0	5,323,428	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	-10,131,877	-10,131,877	201.00
202.00		<b>TOTAL (sum lines 118-201)</b>	<b>261,090,779</b>	<b>9,976,530</b>	<b>15,061,847</b>	<b>-10,131,877</b>	<b>261,090,779</b>	<b>202.00</b>
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	71,924,599					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	3,057,820		11,583,570			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,145,823		357,897	4,698,480		8.00
9.00	00900	HOUSEKEEPING	1,156,685		107,187	0	4,488,917	9.00
10.00	01000	DIETARY	851,493		275,199	0	9,051	10.00
11.00	01100	CAFETERIA	694,110		105,389	0	47,887	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0		0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,688,657		70,632	0	17,102	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	530,818		295,056	125,996	75,250	14.00
15.00	01500	PHARMACY	656,952		104,163	0	34,205	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	969,458		98,933	0	22,733	16.00
17.00	01700	SOCIAL SERVICE	462,471		0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0		0	0	0	18.00
23.00	02300	PARAMED PRGM-(SPECIFY)	106,000		6,810	0	2,210	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,923,442	0	2,781,897	2,253,648	1,599,250	30.00
31.00	03100	INTENSIVE CARE UNIT	1,780,961	0	304,726	284,459	156,815	31.00
31.01	03101	NEONATAL INTENSIVE CARE	302,347	0	63,468	33,702	30,100	31.01
40.00	04000	SUBPROVIDER - IPF	631,160	0	297,235	48,197	112,191	40.00
41.00	04100	SUBPROVIDER - IRF	560,652	0	258,773	132,077	112,191	41.00
43.00	04300	NURSERY	577,679	0	258,310	97,832	134,451	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,533,575	0	1,268,099	229,367	446,608	50.00
51.00	05100	RECOVERY ROOM	1,127,317	0	222,055	264,943	78,934	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	801,374	0	422,672	176,881	188,705	52.00
53.00	05300	ANESTHESIOLOGY	151,461	0	15,526	0	6,841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,025,505	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	567,778	0	0	0	0	54.01
54.02	05402	BREAST CENTER	394,489	0	92,396	109,431	41,046	54.02
54.03	05403	RADIATION ONCOLOGY	545,072	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	314,412	0	0	0	0	56.00
56.01	05601	ULTRASOUND	281,650	0	0	0	0	56.01
57.00	05700	CT SCAN	545,092	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	326,420	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	888,762	0	110,918	44,684	72,146	59.00
60.00	06000	LABORATORY	3,576,544	0	147,882	0	41,046	60.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	592,385					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	460,465	0	53,198	15,986	46,571	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	1,606,303	0	295,846	53,169	43,256	65.00
66.00	06600	PHYSICAL THERAPY	502,553	0	130,149	32,042	27,364	66.00
67.00	06700	OCCUPATIONAL THERAPY	249,327	0	64,966	0	2,210	67.00
68.00	06800	SPEECH PATHOLOGY	96,600	0	38,952	0	13,682	68.00
69.00	06900	ELECTROCARDIOLOGY	108,581	0	90,707	33,222	13,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,316,057	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,449,515	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,329,236	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								
90.00	09000	CLINIC	367,592	0	145,594	10,690	29,206	90.00
91.00	09100	EMERGENCY	2,607,648	0	373,070	667,612	460,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,862,241	0	8,857,705	4,613,938	3,865,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,821,217	0	728,379	78,042	62,937	192.00
192.01	19201	HOSPITAL BASED CLINIC	458,919	0	136,905	6,500	47,887	192.01
192.02	19202	OUTPATIENT PSYCH	872,937	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,909,285	0	1,860,581	0	513,070	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	71,924,599	0	11,583,570	4,698,480	4,488,917	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	3,509,858					10.00
11.00	01100	CAFETERIA	0	2,782,689				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	-1,177,650			12.00
13.00	01300	NURSING ADMINISTRATION	0	196,603	0	10,469,452		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	54,444	0	0	2,561,581	14.00
15.00	01500	PHARMACY	0	130,060	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	130,060	0	0	1,305	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	9,074	0	0	3,349	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,749,095	795,487	0	4,991,589	49,210	30.00
31.00	03100	INTENSIVE CARE UNIT	287,476	160,307	0	1,072,432	10,326	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	27,222	0	277,682	1,312	31.01
40.00	04000	SUBPROVIDER - I PF	220,926	60,493	0	0	1,036	40.00
41.00	04100	SUBPROVIDER - I RF	252,361	51,419	0	68,843	1,905	41.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B  
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5/30/2013 12:30 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
43.00	04300	NURSERY	0	33,271	0	239,531	2,070	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	269,195	0	857,515	28,633	50.00
51.00	05100	RECOVERY ROOM	0	75,617	0	443,966	7,528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	60,493	0	443,748	4,447	52.00
53.00	05300	ANESTHESIOLOGY	0	3,025	0	0	8,359	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,684	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	51,909	54.01
54.02	05402	BREAST CENTER	0	30,247	0	0	9,576	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	1,581	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	902	56.00
56.01	05601	ULTRASOUND	0	0	0	0	1,847	56.01
57.00	05700	CT SCAN	0	0	0	0	13,698	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	8,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,395	0	191,189	52,524	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	42,345	0	387,743	1,296	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	166,356	0	249,200	23,034	65.00
66.00	06600	PHYSICAL THERAPY	0	48,395	0	0	1,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,197	0	0	102	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,049	0	0	304	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,074	0	60,032	312	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	2,182,678	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	21,173	0	0	6,101	90.00
91.00	09100	EMERGENCY	0	248,022	0	1,185,982	17,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,509,858	2,701,023	0	10,469,452	2,496,336	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	49,205	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	27,222	0	0	10,034	192.01
192.02	19202	OUTPATIENT PSYCH	0	18,148	0	0	3,264	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	36,296	0	0	2,742	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	-1,177,650	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,509,858	2,782,689	-1,177,650	10,469,452	2,561,581	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
	15.00	16.00	17.00	18.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	2,757,081					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,925,513				16.00
17.00 01700 SOCIAL SERVICE	0	0	1,751,923			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	422,991	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	452,351	1,438,524	0	140,997	30.00
31.00 03100 INTENSIVE CARE UNIT	0	88,826	113,667	0	0	31.00
31.01 03101 NEONATAL INTENSIVE CARE	0	19,310	0	0	0	31.01
40.00 04000 SUBPROVIDER - I/PF	0	28,222	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	27,991	0	0	0	41.00
43.00 04300 NURSERY	0	24,455	199,732	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	445,827	0	0	140,997	50.00
51.00 05100 RECOVERY ROOM	0	92,457	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	44,189	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	70,551	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	79,552	0	0	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	35,110	0	0	0	54.01
54.02 05402 BREAST CENTER	0	25,931	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	85,748	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	35,035	0	0	0	56.00
56.01 05601 ULTRASOUND	0	39,366	0	0	0	56.01
57.00 05700 CT SCAN	0	241,238	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58,011	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	193,060	0	0	0	59.00
60.00 06000 LABORATORY	0	268,374	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	51,207	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	18,056	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	0	154,162	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	23,391	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	14,831	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,070	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,217	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	494,942	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	125,474	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,757,081	317,461	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	20,625	0	0	0	90.00
91.00 09100 EMERGENCY	0	264,261	0	0	140,997	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B  
Part I  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	PARAMED PRGM	
						(SPECIFY)		
			15.00	16.00	17.00	18.00	23.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,757,081	3,847,301	1,751,923	0	422,991	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	68,519	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	9,693	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,757,081	3,925,513	1,751,923	0	422,991	202.00
Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
			24.00	25.00	26.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
23.00	02300	PARAMED PRGM-(SPECIFY)						23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,479,288	0	43,479,288			30.00
31.00	03100	INTENSIVE CARE UNIT	9,225,634	0	9,225,634			31.00
31.01	03101	NEONATAL INTENSIVE CARE	1,598,142	0	1,598,142			31.01
40.00	04000	SUBPROVIDER - IPF	3,159,246	0	3,159,246			40.00
41.00	04100	SUBPROVIDER - IRF	3,029,410	0	3,029,410			41.00
43.00	04300	NURSERY	3,178,003	0	3,178,003			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	17,072,057	0	17,072,057			50.00
51.00	05100	RECOVERY ROOM	5,455,979	0	5,455,979			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,376,882	0	4,376,882			52.00
53.00	05300	ANESTHESIOLOGY	678,063	0	678,063			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,968,032	0	3,968,032			54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	2,237,863	0	2,237,863			54.01
54.02	05402	BREAST CENTER	1,803,022	0	1,803,022			54.02
54.03	05403	RADIATION ONCOLOGY	2,152,159	0	2,152,159			54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	1,226,987	0	1,226,987			56.00
56.01	05601	ULTRASOUND	1,108,155	0	1,108,155			56.01
57.00	05700	CT SCAN	2,319,841	0	2,319,841			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,302,999	0	1,302,999			58.00
59.00	05900	CARDIAC CATHETERIZATION	4,079,705	0	4,079,705			59.00
60.00	06000	LABORATORY	14,005,891	0	14,005,891			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,295,267	0	2,295,267	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,309,518	0	2,309,518	64.00
64.01	06401	HOME INFUSION	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	7,069,988	0	7,069,988	65.00
66.00	06600	PHYSICAL THERAPY	2,166,205	0	2,166,205	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,050,802	0	1,050,802	67.00
68.00	06800	SPEECH PATHOLOGY	429,995	0	429,995	68.00
69.00	06900	ELECTROCARDIOLOGY	620,570	0	620,570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,603,975	0	26,603,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,192,856	0	13,192,856	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,474,465	0	19,474,465	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	1,625,892	0	1,625,892	90.00
91.00	09100	EMERGENCY	13,236,227	0	13,236,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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	-62,718	0	-62,718	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	215,470,400	0	215,470,400	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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	41,979,542	0	41,979,542	192.00
192.01	19201	HOSPITAL BASED CLINIC	1,976,709	0	1,976,709	192.01
192.02	19202	OUTPATIENT PSYCH	3,328,253	0	3,328,253	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	9,645,402	0	9,645,402	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-11,309,527	0	-11,309,527	201.00
202.00		TOTAL (sum lines 118-201)	261,090,779	0	261,090,779	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150018

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/30/2013 12:30 pm

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	HOURS OF SERVICE	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	MEALS SERVED	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	18	TIME SPENT	18.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	32,299	15,639	47,938	47,938
5.00 00500	ADMINISTRATIVE & GENERAL	0	660,891	5,943,189	6,604,080	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	2,114,734	1,949,020	4,063,754	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	221,488	124,526	346,014	0
9.00 00900	HOUSEKEEPING	0	66,334	55,286	121,620	0
10.00 01000	DIETARY	0	170,309	72,922	243,231	0
11.00 01100	CAFETERIA	0	65,221	11,126	76,347	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	43,711	112,218	155,929	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	182,598	118,638	301,236	0
15.00 01500	PHARMACY	0	64,462	468,017	532,479	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	61,226	24,461	85,687	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	4,214	26,901	31,115	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,721,604	898,460	2,620,064	0
31.00 03100	INTENSIVE CARE UNIT	0	188,583	102,629	291,212	0
31.01 03101	NEONATAL INTENSIVE CARE	0	39,278	21,437	60,715	0
40.00 04000	SUBPROVIDER - IPF	0	183,947	85,163	269,110	0
41.00 04100	SUBPROVIDER - IRF	0	160,144	8,669	168,813	0
43.00 04300	NURSERY	0	159,858	57,862	217,720	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	784,775	1,570,205	2,354,980	0
51.00 05100	RECOVERY ROOM	0	137,421	245,300	382,721	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	261,575	111,084	372,659	0
53.00 05300	ANESTHESIOLOGY	0	9,609	182,306	191,915	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01 05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0
54.02 05402	BREAST CENTER	0	57,180	123,040	180,220	0
54.03 05403	RADIATION ONCOLOGY	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.01 05601	ULTRASOUND	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	68,643	0	68,643	0
60.00 06000	LABORATORY	0	91,518	2,076	93,594	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	579	579	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	32,922	2,830	35,752	0
64.01 06401	HOME INFUSION	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	183,087	144,316	327,403	0
66.00 06600	PHYSICAL THERAPY	0	80,544	29,488	110,032	0
67.00 06700	OCCUPATIONAL THERAPY	0	40,205	15,906	56,111	0
68.00 06800	SPEECH PATHOLOGY	0	24,106	831	24,937	0
69.00 06900	ELECTROCARDIOLOGY	0	56,135	27,203	83,338	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	90,102	33,315	123,417	0
91.00 09100	EMERGENCY	0	230,878	855,390	1,086,268	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW - SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	8,289,601	13,440,032	21,729,633	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	450,765	1,425,229	1,875,994	0	192.00
192.01 19201 HOSPITAL BASED CLINIC	0	84,725	18,891	103,616	0	192.01
192.02 19202 OUTPATIENT PSYCH	0	0	35,601	35,601	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	1,151,439	142,094	1,293,533	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	47,938	201.00
202.00 TOTAL (sum lines 118-201)	0	9,976,530	15,061,847	25,038,377	47,938	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 12:30 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	6,604,080			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	280,770	0	4,344,524	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	105,210	0	134,233	585,457	8.00	
9.00	00900	HOUSEKEEPING	106,207	0	40,201	0	268,028	9.00
10.00	01000	DIETARY	78,184	0	103,216	0	540	10.00
11.00	01100	CAFETERIA	63,733	0	39,527	0	2,859	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	246,873	0	26,491	0	1,021	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,740	0	110,664	15,700	4,493	14.00
15.00	01500	PHARMACY	60,322	0	39,067	0	2,042	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	89,016	0	37,106	0	1,357	16.00
17.00	01700	SOCIAL SERVICE	42,464	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	02300	PARAMED PRGM-(SPECIFY)	9,733	0	2,554	0	132	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	635,713	0	1,043,376	280,817	95,491	30.00
31.00	03100	INTENSIVE CARE UNIT	163,528	0	114,290	35,445	9,363	31.00
31.01	03101	NEONATAL INTENSIVE CARE	27,762	0	23,804	4,200	1,797	31.01
40.00	04000	SUBPROVIDER - IPF	57,953	0	111,481	6,006	6,699	40.00
41.00	04100	SUBPROVIDER - IRF	51,479	0	97,055	16,458	6,699	41.00
43.00	04300	NURSERY	53,043	0	96,882	12,190	8,028	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	324,454	0	475,612	28,580	26,666	50.00
51.00	05100	RECOVERY ROOM	103,511	0	83,284	33,013	4,713	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,582	0	158,527	22,040	11,267	52.00
53.00	05300	ANESTHESIOLOGY	13,907	0	5,823	0	408	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,162	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	52,134	0	0	0	0	54.01
54.02	05402	BREAST CENTER	36,222	0	34,654	13,636	2,451	54.02
54.03	05403	RADIATION ONCOLOGY	50,049	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	28,869	0	0	0	0	56.00
56.01	05601	ULTRASOUND	25,861	0	0	0	0	56.01
57.00	05700	CT SCAN	50,050	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,972	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	81,606	0	41,601	5,568	4,308	59.00
60.00	06000	LABORATORY	328,399	0	55,465	0	2,451	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,393	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	42,280	0	19,953	1,992	2,781	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	147,491	0	110,960	6,625	2,583	65.00
66.00	06600	PHYSICAL THERAPY	46,145	0	48,814	3,993	1,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,893	0	24,366	0	132	67.00
68.00	06800	SPEECH PATHOLOGY	8,870	0	14,609	0	817	68.00
69.00	06900	ELECTROCARDIOLOGY	9,970	0	34,020	4,140	817	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	579,942	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	316,736	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	397,512	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	33,752	0	54,606	1,332	1,744	90.00
91.00	09100	EMERGENCY	239,435	0	139,923	83,188	27,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,312,927	0	3,322,164	574,923	230,776
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	993,551	0	273,185	9,724	3,758
192.01	19201	HOSPITAL BASED CLINIC	42,138	0	51,347	810	2,859
192.02	19202	OUTPATIENT PSYCH	80,153	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	175,311	0	697,828	0	30,635
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,604,080	0	4,344,524	585,457	268,028

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 12:30 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	425,171					10.00
11.00	01100	CAFETERIA	0	182,466				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	12,892	0	443,206		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,570	0	0	484,403	14.00
15.00	01500	PHARMACY	0	8,528	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,528	0	0	247	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	595	0	0	633	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	333,015	52,161	0	211,311	9,306	30.00
31.00	03100	INTENSIVE CARE UNIT	34,824	10,512	0	45,400	1,953	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	1,785	0	11,755	248	31.01
40.00	04000	SUBPROVIDER - IPF	26,762	3,967	0	0	196	40.00
41.00	04100	SUBPROVIDER - IRF	30,570	3,372	0	2,914	360	41.00
43.00	04300	NURSERY	0	2,182	0	10,140	391	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	17,652	0	36,301	5,415	50.00
51.00	05100	RECOVERY ROOM	0	4,958	0	18,795	1,424	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,967	0	18,785	841	52.00
53.00	05300	ANESTHESIOLOGY	0	198	0	0	1,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	697	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	9,816	54.01
54.02	05402	BREAST CENTER	0	1,983	0	0	1,811	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	299	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	170	56.00
56.01	05601	ULTRASOUND	0	0	0	0	349	56.01
57.00	05700	CT SCAN	0	0	0	0	2,590	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,173	0	8,094	9,933	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	2,777	0	16,414	245	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	10,908	0	10,549	4,356	65.00
66.00	06600	PHYSICAL THERAPY	0	3,173	0	0	209	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,587	0	0	19	67.00
68.00	06800	SPEECH PATHOLOGY	0	397	0	0	58	68.00
69.00	06900	ELECTROCARDIOLOGY	0	595	0	2,541	59	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	412,750	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	1,388	0	0	1,154	90.00
91.00	09100	EMERGENCY	0	16,263	0	50,207	3,357	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018			Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 12:30 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	425,171	177,111	0	443,206	472,065	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,305	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	1,785	0	0	1,898	192.01
192.02	19202	OUTPATIENT PSYCH	0	1,190	0	0	617	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	2,380	0	0	518	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	425,171	182,466	0	443,206	484,403	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
	15.00	16.00	17.00	18.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	642,438					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	221,941				16.00
17.00 01700 SOCIAL SERVICE	0	0	42,464			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	44,762	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	25,610	34,868	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	5,029	2,755	0		31.00
31.01 03101 NEONATAL INTENSIVE CARE	0	1,093	0	0		31.01
40.00 04000 SUBPROVIDER - I PF	0	1,598	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	1,585	0	0		41.00
43.00 04300 NURSERY	0	1,385	4,841	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	25,241	0	0		50.00
51.00 05100 RECOVERY ROOM	0	5,235	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,502	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	3,994	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	4,504	0	0		54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	1,988	0	0		54.01
54.02 05402 BREAST CENTER	0	1,468	0	0		54.02
54.03 05403 RADIATION ONCOLOGY	0	4,855	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	1,984	0	0		56.00
56.01 05601 ULTRASOUND	0	2,229	0	0		56.01
57.00 05700 CT SCAN	0	13,658	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,284	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	10,930	0	0		59.00
60.00 06000 LABORATORY	0	15,194	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,899	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	1,022	0	0		64.00
64.01 06401 HOME INFUSION	0	0	0	0		64.01
65.00 06500 RESPIRATORY THERAPY	0	8,728	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	1,324	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	840	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	287	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	126	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,715	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,104	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	642,438	17,973	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	1,168	0	0		90.00
91.00 09100 EMERGENCY	0	14,961	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
						15.00		
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	642,438	217,513	42,464	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,879	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	549	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments					44,762	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	642,438	221,941	42,464	0	44,762	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 12:30 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
23.00	02300				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	5,341,732	0	5,341,732	30.00
31.00	03100	714,311	0	714,311	31.00
31.01	03101	133,159	0	133,159	31.01
40.00	04000	483,772	0	483,772	40.00
41.00	04100	379,305	0	379,305	41.00
43.00	04300	406,802	0	406,802	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	3,294,901	0	3,294,901	50.00
51.00	05100	637,654	0	637,654	51.00
52.00	05200	664,170	0	664,170	52.00
53.00	05300	217,826	0	217,826	53.00
54.00	05400	99,363	0	99,363	54.00
54.01	05401	63,938	0	63,938	54.01
54.02	05402	272,445	0	272,445	54.02
54.03	05403	55,203	0	55,203	54.03
55.00	05500	0	0	0	55.00
56.00	05600	31,023	0	31,023	56.00
56.01	05601	28,439	0	28,439	56.01
57.00	05700	66,298	0	66,298	57.00
58.00	05800	34,854	0	34,854	58.00
59.00	05900	233,856	0	233,856	59.00
60.00	06000	495,103	0	495,103	60.00
60.01	06001	0	0	0	60.01
61.00	06100				61.00
62.00	06200	57,871	0	57,871	62.00
63.00	06300	0	0	0	63.00
64.00	06400	123,216	0	123,216	64.00
64.01	06401	0	0	0	64.01
65.00	06500	629,603	0	629,603	65.00
66.00	06600	215,324	0	215,324	66.00
67.00	06700	105,948	0	105,948	67.00
68.00	06800	49,975	0	49,975	68.00
69.00	06900	135,606	0	135,606	69.00
70.00	07000	0	0	0	70.00
71.00	07100	1,020,407	0	1,020,407	71.00
72.00	07200	323,840	0	323,840	72.00
73.00	07300	1,057,923	0	1,057,923	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	218,561	0	218,561	90.00
91.00	09100	1,661,085	0	1,661,085	91.00
92.00	09200		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00
96.00	09600	0	0	0	96.00
97.00	09700	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,253,513	0	19,253,513	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	3,169,396	0	3,169,396	192.00
192.01	19201	HOSPITAL BASED CLINIC	205,002	0	205,002	192.01
192.02	19202	OUTPATIENT PSYCH	117,561	0	117,561	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,200,205	0	2,200,205	194.00
200.00		Cross Foot Adjustments	44,762	0	44,762	200.00
201.00		Negative Cost Centers	47,938	0	47,938	201.00
202.00		TOTAL (sum lines 118-201)	25,038,377	0	25,038,377	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 12:30 pm

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				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT	591,822					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,547,004				2.00
4.00 00400	EMPLOYEE BENEFITS	1,916	9,913	86,488,682			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	39,205	3,767,111	9,470,342	-71,924,599	200,538,425	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	125,449	1,235,393	1,459,431	0	8,525,750	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	13,139	78,931	964,824	0	3,194,760	8.00
9.00 00900	HOUSEKEEPING	3,935	35,043	1,617,059	0	3,225,045	9.00
10.00 01000	DIETARY	10,103	46,222	1,703,391	0	2,374,115	10.00
11.00 01100	CAFETERIA	3,869	7,052	46,691	0	1,935,303	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	1,177,650	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,593	71,130	4,052,447	0	7,496,458	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,832	75,199	644,089	0	1,480,017	14.00
15.00 01500	PHARMACY	3,824	296,654	3,386,340	0	1,831,701	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,632	15,505	1,830,385	0	2,703,024	16.00
17.00 01700	SOCIAL SERVICE	0	0	831,138	0	1,289,452	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	250	17,051	170,328	0	295,548	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	102,128	569,492	13,572,001	0	19,303,798	30.00
31.00 03100	INTENSIVE CARE UNIT	11,187	65,052	3,357,652	0	4,965,639	31.00
31.01 03101	NEONATAL INTENSIVE CARE	2,330	13,588	548,119	0	842,999	31.01
40.00 04000	SUBPROVIDER - IPF	10,912	53,981	1,044,878	0	1,759,786	40.00
41.00 04100	SUBPROVIDER - IRF	9,500	5,495	980,645	0	1,563,198	41.00
43.00 04300	NURSERY	9,483	36,676	718,683	0	1,610,672	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	46,554	995,280	4,929,893	0	9,852,241	50.00
51.00 05100	RECOVERY ROOM	8,152	155,484	2,017,400	0	3,143,162	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,517	70,411	1,228,516	0	2,234,373	52.00
53.00 05300	ANESTHESIOLOGY	570	115,555	28,266	0	422,300	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,775,277	0	2,859,291	54.00
54.01 05401	INTERVENTIONAL RADIOLOGY	0	0	512,622	0	1,583,066	54.01
54.02 05402	BREAST CENTER	3,392	77,989	579,168	0	1,099,906	54.02
54.03 05403	RADIATION ONCOLOGY	0	0	821,467	0	1,519,758	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	228,393	0	876,638	56.00
56.01 05601	ULTRASOUND	0	0	546,482	0	785,292	56.01
57.00 05700	CT SCAN	0	0	695,064	0	1,519,813	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	348,953	0	910,118	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,072	0	1,000,561	0	2,478,027	59.00
60.00 06000	LABORATORY	5,429	1,316	0	0	9,972,045	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	367	0	0	1,651,675	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	1,953	1,794	945,346	0	1,283,858	64.00
64.01 06401	HOME INFUSION	0	0	0	0	0	64.01
65.00 06500	RESPIRATORY THERAPY	10,861	91,475	2,703,804	0	4,478,662	65.00
66.00 06600	PHYSICAL THERAPY	4,778	18,691	952,751	0	1,401,207	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,385	10,082	486,711	0	695,169	67.00
68.00 06800	SPEECH PATHOLOGY	1,430	527	154,856	0	269,338	68.00
69.00 06900	ELECTROCARDIOLOGY	3,330	17,243	164,265	0	302,743	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	17,610,298	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,617,867	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,070,687	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	5,345	21,117	625,084	0	1,024,911	90.00
91.00 09100	EMERGENCY	13,696	542,192	3,839,824	0	7,270,591	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	62,718	0	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:  
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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				
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	491,751	8,519,011	70,983,146	-70,684,231	161,330,301	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,740	903,386	14,363,653	0	30,171,243	192.00
192.01	19201	HOSPITAL BASED CLINIC	5,026	11,974	511,578	0	1,279,549	192.01
192.02	19202	OUTPATIENT PSYCH	0	22,566	0	0	2,433,904	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	68,305	90,067	630,305	0	5,323,428	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,976,530	15,061,847	-10,131,877		71,924,599	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.857315	1.577652	0.000000		0.358657	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			47,938		6,604,080	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000554		0.032932	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	550,701				6.00
7.00	00700	OPERATION OF PLANT	125,449	425,252			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,139	13,139	1,143,590		8.00
9.00	00900	HOUSEKEEPING	3,935	3,935	0	85,304	9.00
10.00	01000	DIETARY	10,103	10,103	0	172	147,829
11.00	01100	CAFETERIA	3,869	3,869	0	910	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,593	2,593	0	325	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,832	10,832	30,667	1,430	0
15.00	01500	PHARMACY	3,824	3,824	0	650	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,632	3,632	0	432	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	250	250	0	42	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	102,128	102,128	548,528	30,391	115,787
31.00	03100	INTENSIVE CARE UNIT	11,187	11,187	69,236	2,980	12,108
31.01	03101	NEONATAL INTENSIVE CARE	2,330	2,330	8,203	572	0
40.00	04000	SUBPROVIDER - I/PF	10,912	10,912	11,731	2,132	9,305
41.00	04100	SUBPROVIDER - I/RF	9,500	9,500	32,147	2,132	10,629
43.00	04300	NURSERY	9,483	9,483	23,812	2,555	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	46,554	46,554	55,827	8,487	0
51.00	05100	RECOVERY ROOM	8,152	8,152	64,486	1,500	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,517	15,517	43,052	3,586	0
53.00	05300	ANESTHESIOLOGY	570	570	0	130	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0
54.02	05402	BREAST CENTER	3,392	3,392	26,635	780	0
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	ULTRASOUND	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,072	4,072	10,876	1,371	0
60.00	06000	LABORATORY	5,429	5,429	0	780	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.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	1,953	1,953	3,891	885	0
64.01	06401	HOME INFUSION	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,861	10,861	12,941	822	0
66.00	06600	PHYSICAL THERAPY	4,778	4,778	7,799	520	0
67.00	06700	OCCUPATIONAL THERAPY	2,385	2,385	0	42	0
68.00	06800	SPEECH PATHOLOGY	1,430	1,430	0	260	0
69.00	06900	ELECTROCARDIOLOGY	3,330	3,330	8,086	260	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	5,345	5,345	2,602	555	0
91.00	09100	EMERGENCY	13,696	13,696	162,494	8,747	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	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	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW - SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	450,630	325,181	1,123,013	73,448	147,829	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	26,740	26,740	18,995	1,196	0	192.00
192.01	19201 HOSPITAL BASED CLINIC	5,026	5,026	1,582	910	0	192.01
192.02	19202 OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	68,305	68,305	0	9,750	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	11,583,570	4,698,480	4,488,917	3,509,858	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	27.239308	4.108535	52.622585	23.742689	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	4,344,524	585,457	268,028	425,171	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	10.216352	0.511947	3.142033	2.876100	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	920					11.00
12.00	01200	0	2,294,146				12.00
13.00	01300	65	135,606	720,090			13.00
14.00	01400	18	37,780	0	31,954,878		14.00
15.00	01500	43	90,356	0	0	100	15.00
16.00	01600	43	88,443	0	16,276	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
23.00	02300	3	5,899	0	41,779	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	263	547,656	343,322	613,876	0	30.00
31.00	03100	53	109,330	73,762	128,817	0	31.00
31.01	03101	9	19,153	19,099	16,363	0	31.01
40.00	04000	20	41,067	0	12,922	0	40.00
41.00	04100	17	35,549	4,735	23,770	0	41.00
43.00	04300	11	23,718	16,475	25,826	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	89	185,646	58,980	357,195	0	50.00
51.00	05100	25	52,857	30,536	93,905	0	51.00
52.00	05200	20	42,386	30,521	55,473	0	52.00
53.00	05300	1	1,845	0	104,280	0	53.00
54.00	05400	0	523	0	45,955	0	54.00
54.01	05401	0	0	0	647,545	0	54.01
54.02	05402	10	21,745	0	119,458	0	54.02
54.03	05403	0	0	0	19,724	0	54.03
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	11,247	0	56.00
56.01	05601	0	0	0	23,045	0	56.01
57.00	05700	0	0	0	170,885	0	57.00
58.00	05800	0	103	0	105,410	0	58.00
59.00	05900	16	33,699	13,150	655,229	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	14	29,621	26,669	16,170	0	64.00
64.01	06401	0	0	0	0	0	64.01
65.00	06500	55	114,478	17,140	287,337	0	65.00
66.00	06600	16	32,750	0	13,778	0	66.00
67.00	06700	8	16,294	0	1,276	0	67.00
68.00	06800	2	5,109	0	3,795	0	68.00
69.00	06900	3	5,269	4,129	3,892	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	27,228,146	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	100	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	7	14,646	0	76,113	0	90.00
91.00	09100	82	169,914	81,572	221,478	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW - SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	893	1,861,442	720,090	31,140,965	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	350,271	0	613,823	0	192.00
192.01	19201 HOSPITAL BASED CLINIC	9	18,935	0	125,174	0	192.01
192.02	19202 OUTPATIENT PSYCH	6	37,773	0	40,715	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	12	25,725	0	34,201	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,782,689	-1,177,650	10,469,452	2,561,581	2,757,081	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,024.661957	0.000000	14.539088	0.080162	27,570.810000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	182,466	0	443,206	484,403	642,438	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	198.332609	0.000000	0.615487	0.015159	6,424.380000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
	16.00	17.00	18.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>					
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	634,999,753				16.00
17.00 01700 SOCIAL SERVICE	0	13,964			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	300	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	73,172,324	11,466	0	100	30.00
31.00 03100 INTENSIVE CARE UNIT	14,368,474	906	0	0	31.00
31.01 03101 NEONATAL INTENSIVE CARE	3,123,517	0	0	0	31.01
40.00 04000 SUBPROVIDER - IPF	4,565,265	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	4,527,875	0	0	0	41.00
43.00 04300 NURSERY	3,955,775	1,592	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	72,116,938	0	0	100	50.00
51.00 05100 RECOVERY ROOM	14,955,777	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,148,070	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	11,412,373	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,868,400	0	0	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	5,679,446	0	0	0	54.01
54.02 05402 BREAST CENTER	4,194,575	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	13,870,574	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	5,667,276	0	0	0	56.00
56.01 05601 ULTRASOUND	6,367,817	0	0	0	56.01
57.00 05700 CT SCAN	39,022,595	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	9,383,785	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	31,229,346	0	0	0	59.00
60.00 06000 LABORATORY	43,412,090	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,283,279	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	2,920,744	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	24,937,264	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	3,783,712	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,399,141	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	820,086	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	358,574	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	80,070,978	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	20,296,616	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	51,352,396	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	3,336,325	0	0	0	90.00
91.00 09100 EMERGENCY	42,746,813	0	0	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		16.00	17.00	18.00	23.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	622,348,220	13,964	0	300	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	11,083,669	0	0	0	192.00
192.01	19201 HOSPITAL BASED CLINIC	1,567,864	0	0	0	192.01
192.02	19202 OUTPATIENT PSYCH	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,925,513	1,751,923	0	422,991	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006182	125.459968	0.000000	1,409.970000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	221,941	42,464	0	44,762	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000350	3.040962	0.000000	149.206667	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

			Title XVIII		Hospital		PPS		
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	43,479,288		43,479,288	6,311	43,485,599	73,172,324	30.00
31.00	03100	INTENSIVE CARE UNIT	9,225,634		9,225,634	0	9,225,634	14,368,474	31.00
31.01	03101	NEONATAL INTENSIVE CARE	1,598,142		1,598,142	0	1,598,142	3,123,517	31.01
40.00	04000	SUBPROVIDER - I PF	3,159,246		3,159,246	0	3,159,246	4,565,265	40.00
41.00	04100	SUBPROVIDER - I RF	3,029,410		3,029,410	0	3,029,410	4,527,875	41.00
43.00	04300	NURSERY	3,178,003		3,178,003	0	3,178,003	3,955,775	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
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	17,072,057		17,072,057	0	17,072,057	49,079,640	50.00
51.00	05100	RECOVERY ROOM	5,455,979		5,455,979	0	5,455,979	4,090,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,376,882		4,376,882	0	4,376,882	6,374,394	52.00
53.00	05300	ANESTHESIOLOGY	678,063		678,063	0	678,063	6,682,400	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,968,032		3,968,032	0	3,968,032	2,069,993	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	2,237,863		2,237,863	0	2,237,863	2,562,398	54.01
54.02	05402	BREAST CENTER	1,803,022		1,803,022	0	1,803,022	16,496	54.02
54.03	05403	RADIATION ONCOLOGY	2,152,159		2,152,159	0	2,152,159	749,236	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,226,987		1,226,987	0	1,226,987	2,140,867	56.00
56.01	05601	ULTRASOUND	1,108,155		1,108,155	0	1,108,155	1,184,743	56.01
57.00	05700	CT SCAN	2,319,841		2,319,841	0	2,319,841	5,650,189	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,302,999		1,302,999	0	1,302,999	2,150,980	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,079,705		4,079,705	2,889	4,082,594	14,258,324	59.00
60.00	06000	LABORATORY	14,005,891		14,005,891	0	14,005,891	18,164,965	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,295,267		2,295,267	0	2,295,267	6,421,616	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,309,518		2,309,518	0	2,309,518	698,598	64.00
64.01	06401	HOME INFUSION	0		0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	7,069,988	0	7,069,988	12,083	7,082,071	14,458,695	65.00
66.00	06600	PHYSICAL THERAPY	2,166,205	0	2,166,205	0	2,166,205	2,340,884	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,050,802	0	1,050,802	0	1,050,802	1,963,274	67.00
68.00	06800	SPEECH PATHOLOGY	429,995	0	429,995	0	429,995	467,352	68.00
69.00	06900	ELECTROCARDIOLOGY	620,570		620,570	1,089	621,659	33,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,603,975		26,603,975	0	26,603,975	49,694,914	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,192,856		13,192,856	0	13,192,856	15,288,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,474,465		19,474,465	0	19,474,465	37,588,720	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
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	1,625,892		1,625,892	0	1,625,892	1,998,581	90.00
91.00	09100	EMERGENCY	13,236,227		13,236,227	12,431	13,248,658	11,368,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,051,177		3,051,177	0	3,051,177	230,333	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C  
Part I  
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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	
116.00	11600	HOSPICE	0		0		0		0
200.00		Subtotal (see instructions)	218,584,295	0	218,584,295	34,803	218,619,098	361,441,189	200.00
201.00		Less Observation Beds	3,051,177		3,051,177		3,051,177		201.00
202.00		Total (see instructions)	215,533,118	0	215,533,118	34,803	215,567,921	361,441,189	202.00
Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)				7.00	8.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		73,172,324					30.00
31.00	03100	INTENSIVE CARE UNIT		14,368,474					31.00
31.01	03101	NEONATAL INTENSIVE CARE		3,123,517					31.01
40.00	04000	SUBPROVIDER - I/PF		4,565,265					40.00
41.00	04100	SUBPROVIDER - I/RF		4,527,875					41.00
43.00	04300	NURSERY		3,955,775					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	23,037,298	72,116,938	0.236727	0.000000	0.236727		50.00
51.00	05100	RECOVERY ROOM	10,865,607	14,955,777	0.364807	0.000000	0.364807		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	773,676	7,148,070	0.612317	0.000000	0.612317		52.00
53.00	05300	ANESTHESIOLOGY	4,729,973	11,412,373	0.059415	0.000000	0.059415		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,798,407	12,868,400	0.308355	0.000000	0.308355		54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	3,117,048	5,679,446	0.394028	0.000000	0.394028		54.01
54.02	05402	BREAST CENTER	4,178,079	4,194,575	0.429846	0.000000	0.429846		54.02
54.03	05403	RADIATION ONCOLOGY	13,121,338	13,870,574	0.155160	0.000000	0.155160		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIO SOTOPE	3,526,409	5,667,276	0.216504	0.000000	0.216504		56.00
56.01	05601	ULTRASOUND	5,183,074	6,367,817	0.174024	0.000000	0.174024		56.01
57.00	05700	CT SCAN	33,372,406	39,022,595	0.059449	0.000000	0.059449		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,232,805	9,383,785	0.138856	0.000000	0.138856		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,971,022	31,229,346	0.130637	0.000000	0.130729		59.00
60.00	06000	LABORATORY	25,247,125	43,412,090	0.322627	0.000000	0.322627		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	1,861,663	8,283,279	0.277096	0.000000	0.277096		62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	2,222,146	2,920,744	0.790729	0.000000	0.790729		64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0.000000	0.000000		64.01
65.00	06500	RESPIRATORY THERAPY	10,478,569	24,937,264	0.283511	0.000000	0.283996		65.00
66.00	06600	PHYSICAL THERAPY	1,442,828	3,783,712	0.572508	0.000000	0.572508		66.00
67.00	06700	OCCUPATIONAL THERAPY	435,867	2,399,141	0.437991	0.000000	0.437991		67.00
68.00	06800	SPEECH PATHOLOGY	352,734	820,086	0.524329	0.000000	0.524329		68.00
69.00	06900	ELECTROCARDIOLOGY	325,518	358,574	1.730661	0.000000	1.733698		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,376,064	80,070,978	0.332255	0.000000	0.332255		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,008,332	20,296,616	0.650003	0.000000	0.650003		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,763,676	51,352,396	0.379232	0.000000	0.379232		73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	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									
90.00	09000	CLINIC	1,337,744	3,336,325	0.487330	0.000000	0.487330		90.00
91.00	09100	EMERGENCY	31,377,956	42,746,813	0.309642	0.000000	0.309933		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,096,318	3,326,651	0.917192	0.000000	0.917192		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

Period:  
From 01/01/2012  
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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		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
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
200.00		Subtotal (see instructions)	264,233,682	625,674,871					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	264,233,682	625,674,871					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C  
Part I  
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5/30/2013 12:30 pm

			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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	43,479,288		43,479,288	0	0	73,172,324	30.00
31.00	03100	INTENSIVE CARE UNIT	9,225,634		9,225,634	0	0	14,368,474	31.00
31.01	03101	NEONATAL INTENSIVE CARE	1,598,142		1,598,142	0	0	3,123,517	31.01
40.00	04000	SUBPROVIDER - I PF	3,159,246		3,159,246	0	0	4,565,265	40.00
41.00	04100	SUBPROVIDER - I RF	3,029,410		3,029,410	0	0	4,527,875	41.00
43.00	04300	NURSERY	3,178,003		3,178,003	0	0	3,955,775	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
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	17,072,057		17,072,057	0	0	49,079,640	50.00
51.00	05100	RECOVERY ROOM	5,455,979		5,455,979	0	0	4,090,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,376,882		4,376,882	0	0	6,374,394	52.00
53.00	05300	ANESTHESIOLOGY	678,063		678,063	0	0	6,682,400	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,968,032		3,968,032	0	0	2,069,993	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	2,237,863		2,237,863	0	0	2,562,398	54.01
54.02	05402	BREAST CENTER	1,803,022		1,803,022	0	0	16,496	54.02
54.03	05403	RADIATION ONCOLOGY	2,152,159		2,152,159	0	0	749,236	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,226,987		1,226,987	0	0	2,140,867	56.00
56.01	05601	ULTRASOUND	1,108,155		1,108,155	0	0	1,184,743	56.01
57.00	05700	CT SCAN	2,319,841		2,319,841	0	0	5,650,189	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,302,999		1,302,999	0	0	2,150,980	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,079,705		4,079,705	0	0	14,258,324	59.00
60.00	06000	LABORATORY	14,005,891		14,005,891	0	0	18,164,965	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,295,267		2,295,267	0	0	6,421,616	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,309,518		2,309,518	0	0	698,598	64.00
64.01	06401	HOME INFUSION	0		0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	7,069,988	0	7,069,988	0	0	14,458,695	65.00
66.00	06600	PHYSICAL THERAPY	2,166,205	0	2,166,205	0	0	2,340,884	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,050,802	0	1,050,802	0	0	1,963,274	67.00
68.00	06800	SPEECH PATHOLOGY	429,995	0	429,995	0	0	467,352	68.00
69.00	06900	ELECTROCARDIOLOGY	620,570		620,570	0	0	33,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,603,975		26,603,975	0	0	49,694,914	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,192,856		13,192,856	0	0	15,288,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,474,465		19,474,465	0	0	37,588,720	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
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	1,625,892		1,625,892	0	0	1,998,581	90.00
91.00	09100	EMERGENCY	13,236,227		13,236,227	0	0	11,368,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,051,177		3,051,177	0	0	230,333	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C  
Part I  
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			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	4.00	5.00	6.00		
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (see instructions)	218,584,295	0	218,584,295	0	361,441,189	200.00
201.00		Less Observation Beds	3,051,177		3,051,177	0		201.00
202.00		Total (see instructions)	215,533,118	0	215,533,118	0	361,441,189	202.00
Charges			Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Cost Center Description	7.00	8.00	9.00	10.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS		73,172,324				30.00
31.00	03100	INTENSIVE CARE UNIT		14,368,474				31.00
31.01	03101	NEONATAL INTENSIVE CARE		3,123,517				31.01
40.00	04000	SUBPROVIDER - I/PF		4,565,265				40.00
41.00	04100	SUBPROVIDER - I/RF		4,527,875				41.00
43.00	04300	NURSERY		3,955,775				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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,037,298	72,116,938	0.236727	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,865,607	14,955,777	0.364807	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	773,676	7,148,070	0.612317	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,729,973	11,412,373	0.059415	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,798,407	12,868,400	0.308355	0.000000	0.000000	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	3,117,048	5,679,446	0.394028	0.000000	0.000000	54.01
54.02	05402	BREAST CENTER	4,178,079	4,194,575	0.429846	0.000000	0.000000	54.02
54.03	05403	RADIATION ONCOLOGY	13,121,338	13,870,574	0.155160	0.000000	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
56.00	05600	RADIO SOTOPE	3,526,409	5,667,276	0.216504	0.000000	0.000000	56.00
56.01	05601	ULTRASOUND	5,183,074	6,367,817	0.174024	0.000000	0.000000	56.01
57.00	05700	CT SCAN	33,372,406	39,022,595	0.059449	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,232,805	9,383,785	0.138856	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,971,022	31,229,346	0.130637	0.000000	0.000000	59.00
60.00	06000	LABORATORY	25,247,125	43,412,090	0.322627	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	1,861,663	8,283,279	0.277096	0.000000	0.000000	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,222,146	2,920,744	0.790729	0.000000	0.000000	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0.000000	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	10,478,569	24,937,264	0.283511	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,442,828	3,783,712	0.572508	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	435,867	2,399,141	0.437991	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	352,734	820,086	0.524329	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	325,518	358,574	1.730661	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,376,064	80,070,978	0.332255	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,008,332	20,296,616	0.650003	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,763,676	51,352,396	0.379232	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,337,744	3,336,325	0.487330	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	31,377,956	42,746,813	0.309642	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,096,318	3,326,651	0.917192	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost	
			Outpatient	Total (col. 6 + col. 7)				7.00	8.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
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
200.00		Subtotal (see instructions)	264,233,682	625,674,871					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	264,233,682	625,674,871					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 12:30 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,341,732	0	5,341,732	40,989	130.32	30.00
31.00	INTENSIVE CARE UNIT	714,311		714,311	4,005	178.35	31.00
31.01	NEONATAL INTENSIVE CARE	133,159		133,159	1,126	118.26	31.01
40.00	SUBPROVIDER - IPF	483,772	0	483,772	2,585	187.15	40.00
41.00	SUBPROVIDER - IRF	379,305	0	379,305	2,994	126.69	41.00
43.00	NURSERY	406,802		406,802	3,017	134.84	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)	7,459,081		7,459,081	54,716		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	17,383	2,265,353				30.00
31.00	INTENSIVE CARE UNIT	1,975	352,241				31.00
31.01	NEONATAL INTENSIVE CARE	0	0				31.01
40.00	SUBPROVIDER - IPF	766	143,357				40.00
41.00	SUBPROVIDER - IRF	1,741	220,567				41.00
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)	21,865	2,981,518				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 12:30 pm		
Title XVIII			Hospital		PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,294,901	72,116,938	0.045688	18,344,555	838,126	50.00
51.00	05100 RECOVERY ROOM	637,654	14,955,777	0.042636	1,651,126	70,397	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	664,170	7,148,070	0.092916	0	0	52.00
53.00	05300 ANESTHESIOLOGY	217,826	11,412,373	0.019087	1,858,774	35,478	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	99,363	12,868,400	0.007721	1,505,818	11,626	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	63,938	5,679,446	0.011258	1,391,167	15,662	54.01
54.02	05402 BREAST CENTER	272,445	4,194,575	0.064952	5,365	348	54.02
54.03	05403 RADIATION ONCOLOGY	55,203	13,870,574	0.003980	203,170	809	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	31,023	5,667,276	0.005474	625,078	3,422	56.00
56.01	05601 ULTRASOUND	28,439	6,367,817	0.004466	554,201	2,475	56.01
57.00	05700 CT SCAN	66,298	39,022,595	0.001699	4,525,276	7,688	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	34,854	9,383,785	0.003714	918,383	3,411	58.00
59.00	05900 CARDIAC CATHETERIZATION	233,856	31,229,346	0.007488	5,663,852	42,411	59.00
60.00	06000 LABORATORY	495,103	43,412,090	0.011405	10,206,979	116,411	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	57,871	8,283,279	0.006986	3,323,273	23,216	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	123,216	2,920,744	0.042187	328,769	13,870	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	629,603	24,937,264	0.025247	7,670,005	193,645	65.00
66.00	06600 PHYSICAL THERAPY	215,324	3,783,712	0.056908	762,834	43,411	66.00
67.00	06700 OCCUPATIONAL THERAPY	105,948	2,399,141	0.044161	563,309	24,876	67.00
68.00	06800 SPEECH PATHOLOGY	49,975	820,086	0.060939	163,533	9,966	68.00
69.00	06900 ELECTROCARDIOLOGY	135,606	358,574	0.378181	564	213	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,020,407	80,070,978	0.012744	25,275,525	322,111	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	323,840	20,296,616	0.015955	7,814,637	124,683	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,057,923	51,352,396	0.020601	18,329,594	377,608	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	218,561	3,336,325	0.065510	897,367	58,787	90.00
91.00	09100 EMERGENCY	1,661,085	42,746,813	0.038859	3,581,385	139,169	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	374,804	3,326,651	0.112667	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	12,169,236	521,961,641		116,164,539	2,479,819	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 12:30 pm
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	140,997	0	0	140,997	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
31.01	03101	NEONATAL INTENSIVE CARE	0	0	0	0	0	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	
45.00	04500	NURSING FACILITY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	140,997	0	0	140,997	
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,989	3.44	17,383	59,798	0	
31.00	03100	INTENSIVE CARE UNIT	4,005	0.00	1,975	0	0	
31.01	03101	NEONATAL INTENSIVE CARE	1,126	0.00	0	0	0	
40.00	04000	SUBPROVIDER - IPF	2,585	0.00	766	0	0	
41.00	04100	SUBPROVIDER - IRF	2,994	0.00	1,741	0	0	
43.00	04300	NURSERY	3,017	0.00	0	0	0	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	
200.00		Total (lines 30-199)	54,716		21,865	59,798	0	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				
31.00	03100	INTENSIVE CARE UNIT	0	0				
31.01	03101	NEONATAL INTENSIVE CARE	0	0				
40.00	04000	SUBPROVIDER - IPF	0	0				
41.00	04100	SUBPROVIDER - IRF	0	0				
43.00	04300	NURSERY	0	0				
44.00	04400	SKILLED NURSING FACILITY	0	0				
45.00	04500	NURSING FACILITY	0	0				
200.00		Total (lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	140,997	0	140,997	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
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	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
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	140,997	0	140,997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	9,892	0	9,892	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	291,886	0	291,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	140,997	72,116,938	0.001955	0.001955	18,344,555	50.00
51.00	05100 RECOVERY ROOM	0	14,955,777	0.000000	0.000000	1,651,126	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,148,070	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	11,412,373	0.000000	0.000000	1,858,774	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,868,400	0.000000	0.000000	1,505,818	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	5,679,446	0.000000	0.000000	1,391,167	54.01
54.02	05402 BREAST CENTER	0	4,194,575	0.000000	0.000000	5,365	54.02
54.03	05403 RADIOLOGY ONCOLOGY	0	13,870,574	0.000000	0.000000	203,170	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,667,276	0.000000	0.000000	625,078	56.00
56.01	05601 ULTRASOUND	0	6,367,817	0.000000	0.000000	554,201	56.01
57.00	05700 CT SCAN	0	39,022,595	0.000000	0.000000	4,525,276	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	9,383,785	0.000000	0.000000	918,383	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	31,229,346	0.000000	0.000000	5,663,852	59.00
60.00	06000 LABORATORY	0	43,412,090	0.000000	0.000000	10,206,979	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	8,283,279	0.000000	0.000000	3,323,273	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,920,744	0.000000	0.000000	328,769	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	24,937,264	0.000000	0.000000	7,670,005	65.00
66.00	06600 PHYSICAL THERAPY	0	3,783,712	0.000000	0.000000	762,834	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,399,141	0.000000	0.000000	563,309	67.00
68.00	06800 SPEECH PATHOLOGY	0	820,086	0.000000	0.000000	163,533	68.00
69.00	06900 ELECTROCARDIOLOGY	0	358,574	0.000000	0.000000	564	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,070,978	0.000000	0.000000	25,275,525	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	20,296,616	0.000000	0.000000	7,814,637	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,352,396	0.000000	0.000000	18,329,594	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	3,336,325	0.000000	0.000000	897,367	90.00
91.00	09100 EMERGENCY	140,997	42,746,813	0.003298	0.003298	3,581,385	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,892	3,326,651	0.002974	0.002974	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	291,886	521,961,641			116,164,539	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
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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	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
PPS							
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	35,864	5,768,742	11,278	0	0	50.00
51.00	05100 RECOVERY ROOM	0	2,519,702	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	675,253	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,851,869	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	1,771,709	0	0	0	54.01
54.02	05402 BREAST CENTER	0	273,237	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	5,864,638	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	2,883,677	0	0	0	56.00
56.01	05601 ULTRASOUND	0	629,473	0	0	0	56.01
57.00	05700 CT SCAN	0	7,352,017	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,713,606	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,046,126	0	0	0	59.00
60.00	06000 LABORATORY	0	763,297	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	1,048,436	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	962,383	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	4,599,037	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	174,776	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	5,442,787	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,935,636	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,239,890	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	670,323	0	0	0	90.00
91.00	09100 EMERGENCY	11,811	6,012,898	19,831	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,750,281	5,205	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	47,675	67,949,793	36,314	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0		54.01
54.02	05402	BREAST CENTER	0	0		54.02
54.03	05403	RADIATION ONCOLOGY	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRASOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	HOME INFUSION	0	0		64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.236727	5,768,742	0	0	1,365,617
51.00 05100 RECOVERY ROOM	0.364807	2,519,702	0	0	919,205
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.612317	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.059415	675,253	0	0	40,120
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.308355	2,851,869	0	0	879,388
54.01 05401 INTERVENTIONAL RADIOLOGY	0.394028	1,771,709	0	0	698,103
54.02 05402 BREAST CENTER	0.429846	273,237	0	0	117,450
54.03 05403 RADIOLOGY ONCOLOGY	0.155160	5,864,638	0	0	909,957
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.216504	2,883,677	0	0	624,328
56.01 05601 ULTRASOUND	0.174024	629,473	0	0	109,543
57.00 05700 CT SCAN	0.059449	7,352,017	0	0	437,070
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.138856	1,713,606	0	0	237,944
59.00 05900 CARDIAC CATHETERIZATION	0.130637	6,046,126	0	0	789,848
60.00 06000 LABORATORY	0.322627	763,297	0	0	246,260
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.277096	1,048,436	0	0	290,517
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.790729	962,383	0	0	760,984
64.01 06401 HOME INFUSION	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.283511	4,599,037	0	0	1,303,878
66.00 06600 PHYSICAL THERAPY	0.572508	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.437991	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.524329	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	1.730661	174,776	0	0	302,478
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332255	5,442,787	0	0	1,808,393
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.650003	1,935,636	0	0	1,258,169
73.00 07300 DRUGS CHARGED TO PATIENTS	0.379232	6,239,890	0	0	2,366,366
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.487330	670,323	0	0	326,669
91.00 09100 EMERGENCY	0.309642	6,012,898	0	0	1,861,846
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.917192	1,750,281	0	0	1,605,344
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00		Subtotal (see instructions)	67,949,793	0	19,259,477
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	
202.00		Net Charges (line 200 +/- line 201)	67,949,793	0	19,259,477

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVIII	Hospital	PPS

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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0		54.01
54.02 05402 BREAST CENTER	0	0		54.02
54.03 05403 RADIATION ONCOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRASOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
64.01 06401 HOME INFUSION	0	0		64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 12:30 pm		
		Component CCN: 15S018		Title XVIII		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,294,901	72,116,938	0.045688	32,142	1,469	50.00
51.00	05100	RECOVERY ROOM	637,654	14,955,777	0.042636	14,529	619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	664,170	7,148,070	0.092916	0	0	52.00
53.00	05300	ANESTHESIOLOGY	217,826	11,412,373	0.019087	11,028	210	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,363	12,868,400	0.007721	5,500	42	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	63,938	5,679,446	0.011258	2,858	32	54.01
54.02	05402	BREAST CENTER	272,445	4,194,575	0.064952	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	55,203	13,870,574	0.003980	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	31,023	5,667,276	0.005474	6,587	36	56.00
56.01	05601	ULTRASOUND	28,439	6,367,817	0.004466	4,625	21	56.01
57.00	05700	CT SCAN	66,298	39,022,595	0.001699	33,970	58	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,854	9,383,785	0.003714	13,658	51	58.00
59.00	05900	CARDIAC CATHETERIZATION	233,856	31,229,346	0.007488	0	0	59.00
60.00	06000	LABORATORY	495,103	43,412,090	0.011405	126,728	1,445	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	57,871	8,283,279	0.006986	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	123,216	2,920,744	0.042187	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	629,603	24,937,264	0.025247	43,241	1,092	65.00
66.00	06600	PHYSICAL THERAPY	215,324	3,783,712	0.056908	4,102	233	66.00
67.00	06700	OCCUPATIONAL THERAPY	105,948	2,399,141	0.044161	3,515	155	67.00
68.00	06800	SPEECH PATHOLOGY	49,975	820,086	0.060939	330	20	68.00
69.00	06900	ELECTROCARDIOLOGY	135,606	358,574	0.378181	32,492	12,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,020,407	80,070,978	0.012744	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	323,840	20,296,616	0.015955	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,057,923	51,352,396	0.020601	97,806	2,015	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	218,561	3,336,325	0.065510	8,427	552	90.00
91.00	09100	EMERGENCY	1,661,085	42,746,813	0.038859	36,364	1,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,326,651	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,794,432	521,961,641		477,902	21,751	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	140,997	0	140,997	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
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	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
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	140,997	0	140,997	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	281,994	0	281,994	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
	Title VIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	140,997	72,116,938	0.001955	0.001955	32,142	50.00
51.00 05100 RECOVERY ROOM	0	14,955,777	0.000000	0.000000	14,529	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	7,148,070	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	11,412,373	0.000000	0.000000	11,028	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	12,868,400	0.000000	0.000000	5,500	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	5,679,446	0.000000	0.000000	2,858	54.01
54.02 05402 BREAST CENTER	0	4,194,575	0.000000	0.000000	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	13,870,574	0.000000	0.000000	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	5,667,276	0.000000	0.000000	6,587	56.00
56.01 05601 ULTRASOUND	0	6,367,817	0.000000	0.000000	4,625	56.01
57.00 05700 CT SCAN	0	39,022,595	0.000000	0.000000	33,970	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	9,383,785	0.000000	0.000000	13,658	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	31,229,346	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	43,412,090	0.000000	0.000000	126,728	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	8,283,279	0.000000	0.000000	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	2,920,744	0.000000	0.000000	0	64.00
64.01 06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00 06500 RESPIRATORY THERAPY	0	24,937,264	0.000000	0.000000	43,241	65.00
66.00 06600 PHYSICAL THERAPY	0	3,783,712	0.000000	0.000000	4,102	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,399,141	0.000000	0.000000	3,515	67.00
68.00 06800 SPEECH PATHOLOGY	0	820,086	0.000000	0.000000	330	68.00
69.00 06900 ELECTROCARDIOLOGY	0	358,574	0.000000	0.000000	32,492	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,070,978	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	20,296,616	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	51,352,396	0.000000	0.000000	97,806	73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	3,336,325	0.000000	0.000000	8,427	90.00
91.00 09100 EMERGENCY	140,997	42,746,813	0.003298	0.003298	36,364	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,326,651	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	281,994	521,961,641			477,902	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
Title XVIIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	63	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
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	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
64.01 06401 HOME INFUSION	0	0	0	0	0	64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	120	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	183	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
Title XVII I		Subprovider - IPF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02	05402 BREAST CENTER	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
64.01	06401 HOME INFUSION	0	0	64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 12:30 pm		
		Component CCN: 15T018		Title XVIII		Subprovider - IRF		
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,294,901	72,116,938	0.045688	15,453	706	50.00
51.00	05100	RECOVERY ROOM	637,654	14,955,777	0.042636	6,003	256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	664,170	7,148,070	0.092916	0	0	52.00
53.00	05300	ANESTHESIOLOGY	217,826	11,412,373	0.019087	3,247	62	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,363	12,868,400	0.007721	16,985	131	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	63,938	5,679,446	0.011258	17,376	196	54.01
54.02	05402	BREAST CENTER	272,445	4,194,575	0.064952	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	55,203	13,870,574	0.003980	92,527	368	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	31,023	5,667,276	0.005474	991	5	56.00
56.01	05601	ULTRASOUND	28,439	6,367,817	0.004466	9,865	44	56.01
57.00	05700	CT SCAN	66,298	39,022,595	0.001699	46,518	79	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,854	9,383,785	0.003714	11,858	44	58.00
59.00	05900	CARDIAC CATHETERIZATION	233,856	31,229,346	0.007488	0	0	59.00
60.00	06000	LABORATORY	495,103	43,412,090	0.011405	237,168	2,705	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	57,871	8,283,279	0.006986	81,507	569	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	123,216	2,920,744	0.042187	173	7	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	629,603	24,937,264	0.025247	203,826	5,146	65.00
66.00	06600	PHYSICAL THERAPY	215,324	3,783,712	0.056908	530,652	30,198	66.00
67.00	06700	OCCUPATIONAL THERAPY	105,948	2,399,141	0.044161	528,773	23,351	67.00
68.00	06800	SPEECH PATHOLOGY	49,975	820,086	0.060939	87,689	5,344	68.00
69.00	06900	ELECTROCARDIOLOGY	135,606	358,574	0.378181	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,020,407	80,070,978	0.012744	93,638	1,193	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	323,840	20,296,616	0.015955	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,057,923	51,352,396	0.020601	419,122	8,634	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	218,561	3,336,325	0.065510	65,757	4,308	90.00
91.00	09100	EMERGENCY	1,661,085	42,746,813	0.038859	2,492	97	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,326,651	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,794,432	521,961,641		2,471,620	83,443	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	140,997	0	140,997	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
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	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
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	140,997	0	140,997	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	281,994	0	281,994	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
	Title VIII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	140,997	72,116,938	0.001955	0.001955	15,453	50.00
51.00 05100 RECOVERY ROOM	0	14,955,777	0.000000	0.000000	6,003	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	7,148,070	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	11,412,373	0.000000	0.000000	3,247	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	12,868,400	0.000000	0.000000	16,985	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	5,679,446	0.000000	0.000000	17,376	54.01
54.02 05402 BREAST CENTER	0	4,194,575	0.000000	0.000000	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	13,870,574	0.000000	0.000000	92,527	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	5,667,276	0.000000	0.000000	991	56.00
56.01 05601 ULTRASOUND	0	6,367,817	0.000000	0.000000	9,865	56.01
57.00 05700 CT SCAN	0	39,022,595	0.000000	0.000000	46,518	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	9,383,785	0.000000	0.000000	11,858	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	31,229,346	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	43,412,090	0.000000	0.000000	237,168	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	8,283,279	0.000000	0.000000	81,507	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	2,920,744	0.000000	0.000000	173	64.00
64.01 06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00 06500 RESPIRATORY THERAPY	0	24,937,264	0.000000	0.000000	203,826	65.00
66.00 06600 PHYSICAL THERAPY	0	3,783,712	0.000000	0.000000	530,652	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,399,141	0.000000	0.000000	528,773	67.00
68.00 06800 SPEECH PATHOLOGY	0	820,086	0.000000	0.000000	87,689	68.00
69.00 06900 ELECTROCARDIOLOGY	0	358,574	0.000000	0.000000	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,070,978	0.000000	0.000000	93,638	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	20,296,616	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	51,352,396	0.000000	0.000000	419,122	73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	3,336,325	0.000000	0.000000	65,757	90.00
91.00 09100 EMERGENCY	140,997	42,746,813	0.003298	0.003298	2,492	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,326,651	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	281,994	521,961,641			2,471,620	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	30	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
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	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
64.01 06401 HOME INFUSION	0	0	0	0	0	64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	8	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	38	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 12:30 pm
Title XVII I		Subprovider - IRF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02	05402 BREAST CENTER	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
64.01	06401 HOME INFUSION	0	0	64.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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	09950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 12:30 pm			
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.236727	0	2,028,177	0	0	50.00
51.00	05100 RECOVERY ROOM	0.364807	0	848,341	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.612317	0	970	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059415	0	378,840	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.308355	0	1,678,926	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.394028	0	321,970	0	0	54.01
54.02	05402 BREAST CENTER	0.429846	0	170,161	0	0	54.02
54.03	05403 RADIOLOGY ONCOLOGY	0.155160	0	1,415,842	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.216504	0	304,061	0	0	56.00
56.01	05601 ULTRASOUND	0.174024	0	1,566,851	0	0	56.01
57.00	05700 CT SCAN	0.059449	0	3,694,612	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.138856	0	831,941	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.130637	0	351,565	0	0	59.00
60.00	06000 LABORATORY	0.322627	0	4,166,299	0	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	0.277096	0	213,625	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.790729	0	435,096	0	0	64.00
64.01	06401 HOME INFUSION	0.000000	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0.283511	0	1,153,486	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.572508	0	236,177	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.437991	0	88,011	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.524329	0	47,640	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1.730661	0	13,988	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332255	0	3,073,798	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.650003	0	1,868,000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.379232	0	2,398,631	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.487330	0	76,052	0	0	90.00
91.00	09100 EMERGENCY	0.309642	0	6,729,867	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.917192	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	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	09800 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	34,092,927	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	34,092,927	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 12:30 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	480,124	0		50.00
51.00 05100 RECOVERY ROOM	309,481	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	594	0		52.00
53.00 05300 ANESTHESIOLOGY	22,509	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	517,705	0		54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	126,865	0		54.01
54.02 05402 BREAST CENTER	73,143	0		54.02
54.03 05403 RADIATION ONCOLOGY	219,682	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	65,830	0		56.00
56.01 05601 ULTRASOUND	272,670	0		56.01
57.00 05700 CT SCAN	219,641	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	115,520	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	45,927	0		59.00
60.00 06000 LABORATORY	1,344,161	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	59,195	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	344,043	0		64.00
64.01 06401 HOME INFUSION	0	0		64.01
65.00 06500 RESPIRATORY THERAPY	327,026	0		65.00
66.00 06600 PHYSICAL THERAPY	135,213	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	38,548	0		67.00
68.00 06800 SPEECH PATHOLOGY	24,979	0		68.00
69.00 06900 ELECTROCARDIOLOGY	24,208	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,021,285	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,214,206	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	909,638	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	37,062	0		90.00
91.00 09100 EMERGENCY	2,083,849	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	10,033,104	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	10,033,104	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 12:30 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,989	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,989	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		38,113	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)		17,383	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
<b>SWING BED ADJUSTMENT</b>				
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)		43,485,599	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)		43,485,599	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		77,128,099	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		77,128,099	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.563810	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)		2,023.67	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)		43,485,599	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,060.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,441,799	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)		18,441,799	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	9,225,634	4,005	2,303.53	1,975	4,549,472	43.00
43.01 NEONATAL INTENSIVE CARE	1,598,142	1,126	1,419.31	0	0	43.01
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,868,736	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					59,860,007	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)					2,677,392	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,527,494	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,204,886	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					54,655,121	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,876	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,060.91	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,051,177	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,341,732	43,485,599	0.122839	3,051,177	374,804	90.00
91.00	Nursing School cost	0	43,485,599	0.000000	3,051,177	0	91.00
92.00	Allied health cost	140,997	43,485,599	0.003242	3,051,177	9,892	92.00
93.00	All other Medical Education	0	43,485,599	0.000000	3,051,177	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,585 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,585 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)			2,585 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)			766 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
<b>SWING BED ADJUSTMENT</b>				
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)			3,159,246 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)			3,159,246 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			4,565,265 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			4,565,265 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.692018 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,766.06 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)			3,159,246 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,222.15 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			936,167 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)			936,167 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15S018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					188,558	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,124,725	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					143,357	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,934	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					165,291	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					959,434	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 150018 Component CCN: 15S018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	483,772	3,159,246	0.153129	0	0	90.00
91.00	Nursing School cost	0	3,159,246	0.000000	0	0	91.00
92.00	Allied health cost	0	3,159,246	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,159,246	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T018		Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,994	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,994	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)		2,994	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,741	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
<b>SWING BED ADJUSTMENT</b>				
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)		3,029,410	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)		3,029,410	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,527,875	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,527,875	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.669058	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,512.32	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)		3,029,410	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,011.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,761,596	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,761,596	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	NEONATAL INTENSIVE CARE	0	0	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,000,202	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,761,798	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						220,567	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						83,481	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						304,048	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,457,750	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
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: 150018 Component CCN: 15T018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	379,305	3,029,410	0.125208	0	0	90.00
91.00	Nursing School cost	0	3,029,410	0.000000	0	0	91.00
92.00	Allied health cost	0	3,029,410	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,029,410	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2013 12:30 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,989	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,989	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		38,113	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,712	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)		3,017	15.00
16.00	Nursery days (title V or XIX only)		294	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		43,479,288	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)		43,479,288	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		77,128,099	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		77,128,099	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.563728	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)		2,023.67	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)		43,479,288	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,060.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,937,541	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,937,541	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		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)	3,178,003	3,017	1,053.37	294	309,691	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,225,634	4,005	2,303.53	390	898,377	43.00
43.01	NEONATAL INTENSIVE CARE	1,598,142	1,126	1,419.31	109	154,705	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,283,988	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,584,302	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,876	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,060.76	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,050,746	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150018

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

Worksheet D-1  
Date/Time Prepared:  
5/30/2013 12:30 pm

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,585 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,585 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)			2,585 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)			0 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)			3,017 15.00
16.00	Nursery days (title V or XIX only)			294 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			3,159,246 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)			3,159,246 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			4,565,265 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			4,565,265 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.692018 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,766.06 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)			3,159,246 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,222.15 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S018				Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XIX		Subprovider - IPF		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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					79,370		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					79,370		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 150018 Component CCN: 15S018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T018		Date/Time Prepared: 5/30/2013 12:30 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,994	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,994	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)		2,994	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)		115	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)		3,017	15.00
16.00	Nursery days (title V or XIX only)		294	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		3,029,410	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)		3,029,410	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,527,875	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,527,875	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.669058	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,512.32	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)		3,029,410	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,011.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		116,360	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)		116,360	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T018				Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XIX		Subprovider - IRF		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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					93,808	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					210,168	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 150018 Component CCN: 15T018		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 12:30 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		33,289,754	30.00
31.00	03100	INTENSIVE CARE UNIT		6,476,845	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - I/PF		11,095	40.00
41.00	04100	SUBPROVIDER - I/RF		3,424	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.236727	18,344,555	50.00
51.00	05100	RECOVERY ROOM	0.364807	1,651,126	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612317	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059415	1,858,774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.308355	1,505,818	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.394028	1,391,167	54.01
54.02	05402	BREAST CENTER	0.429846	5,365	54.02
54.03	05403	RADIATION ONCOLOGY	0.155160	203,170	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.216504	625,078	56.00
56.01	05601	ULTRASOUND	0.174024	554,201	56.01
57.00	05700	CT SCAN	0.059449	4,525,276	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.138856	918,383	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130729	5,663,852	59.00
60.00	06000	LABORATORY	0.322627	10,206,979	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	0.277096	3,323,273	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.790729	328,769	64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.283996	7,670,005	65.00
66.00	06600	PHYSICAL THERAPY	0.572508	762,834	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.437991	563,309	67.00
68.00	06800	SPEECH PATHOLOGY	0.524329	163,533	68.00
69.00	06900	ELECTROCARDIOLOGY	1.733698	564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332255	25,275,525	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650003	7,814,637	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.379232	18,329,594	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.487330	897,367	90.00
91.00	09100	EMERGENCY	0.309933	3,581,385	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.917192	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		116,164,539	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)		116,164,539	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S018		Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE		0		31.01
40.00	04000 SUBPROVIDER - IPF		1,198,237		40.00
41.00	04100 SUBPROVIDER - IRF		1,070		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.236727	32,142	7,609	50.00
51.00	05100 RECOVERY ROOM	0.364807	14,529	5,300	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.612317	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059415	11,028	655	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.308355	5,500	1,696	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.394028	2,858	1,126	54.01
54.02	05402 BREAST CENTER	0.429846	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0.155160	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.216504	6,587	1,426	56.00
56.01	05601 ULTRASOUND	0.174024	4,625	805	56.01
57.00	05700 CT SCAN	0.059449	33,970	2,019	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.138856	13,658	1,896	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.130729	0	0	59.00
60.00	06000 LABORATORY	0.322627	126,728	40,886	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.277096	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.790729	0	0	64.00
64.01	06401 HOME INFUSION	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0.283996	43,241	12,280	65.00
66.00	06600 PHYSICAL THERAPY	0.572508	4,102	2,348	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.437991	3,515	1,540	67.00
68.00	06800 SPEECH PATHOLOGY	0.524329	330	173	68.00
69.00	06900 ELECTROCARDIOLOGY	1.733698	32,492	56,331	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332255	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.650003	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.379232	97,806	37,091	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.487330	8,427	4,107	90.00
91.00	09100 EMERGENCY	0.309933	36,364	11,270	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.917192	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	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 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		477,902	188,558	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)		477,902		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T018		Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,386,678	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.236727	15,453	50.00
51.00	05100	RECOVERY ROOM	0.364807	6,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612317	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059415	3,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.308355	16,985	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.394028	17,376	54.01
54.02	05402	BREAST CENTER	0.429846	0	54.02
54.03	05403	RADIATION ONCOLOGY	0.155160	92,527	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.216504	991	56.00
56.01	05601	ULTRASOUND	0.174024	9,865	56.01
57.00	05700	CT SCAN	0.059449	46,518	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.138856	11,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130729	0	59.00
60.00	06000	LABORATORY	0.322627	237,168	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	0.277096	81,507	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.790729	173	64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.283996	203,826	65.00
66.00	06600	PHYSICAL THERAPY	0.572508	530,652	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.437991	528,773	67.00
68.00	06800	SPEECH PATHOLOGY	0.524329	87,689	68.00
69.00	06900	ELECTROCARDIOLOGY	1.733698	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332255	93,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650003	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.379232	419,122	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.487330	65,757	90.00
91.00	09100	EMERGENCY	0.309933	2,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.917192	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		2,471,620	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)		2,471,620	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Title XIX	Hospital	Date/Time Prepared: 5/30/2013 12:30 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		13,230,999	30.00
31.00	03100	INTENSIVE CARE UNIT		1,644,150	31.00
31.01	03101	NEONATAL INTENSIVE CARE		1,647,028	31.01
40.00	04000	SUBPROVIDER - I/PF		715	40.00
41.00	04100	SUBPROVIDER - I/RF		3,485	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.236727	3,330,766	788,482 50.00
51.00	05100	RECOVERY ROOM	0.364807	311,132	113,503 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612317	120	73 52.00
53.00	05300	ANESTHESIOLOGY	0.059415	604,910	35,941 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.308355	332,485	102,523 54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.394028	350,897	138,263 54.01
54.02	05402	BREAST CENTER	0.429846	2,375	1,021 54.02
54.03	05403	RADIATION ONCOLOGY	0.155160	124,886	19,377 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.216504	140,179	30,349 56.00
56.01	05601	ULTRASOUND	0.174024	223,555	38,904 56.01
57.00	05700	CT SCAN	0.059449	1,039,692	61,809 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.138856	230,349	31,985 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130637	517,698	67,631 59.00
60.00	06000	LABORATORY	0.322627	3,159,933	1,019,480 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.277096	781,269	216,487 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.790729	97,575	77,155 64.00
64.01	06401	HOME INFUSION	0.000000	0	0 64.01
65.00	06500	RESPIRATORY THERAPY	0.283511	2,077,337	588,948 65.00
66.00	06600	PHYSICAL THERAPY	0.572508	98,767	56,545 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.437991	70,884	31,047 67.00
68.00	06800	SPEECH PATHOLOGY	0.524329	33,855	17,751 68.00
69.00	06900	ELECTROCARDIOLOGY	1.730661	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332255	4,475,128	1,486,884 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650003	2,719,611	1,767,755 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.379232	5,779,123	2,191,628 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.487330	261,996	127,679 90.00
91.00	09100	EMERGENCY	0.309642	880,913	272,768 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.917192	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		27,645,435	9,283,988 200.00
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)		27,645,435	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S018		Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - IPF		507,284	40.00
41.00	04100	SUBPROVIDER - IRF		2,019	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.236727	18,900	50.00
51.00	05100	RECOVERY ROOM	0.364807	7,835	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612317	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059415	5,508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.308355	3,113	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.394028	0	54.01
54.02	05402	BREAST CENTER	0.429846	0	54.02
54.03	05403	RADIATION ONCOLOGY	0.155160	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.216504	1,927	56.00
56.01	05601	ULTRASOUND	0.174024	9,323	56.01
57.00	05700	CT SCAN	0.059449	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.138856	13,340	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130637	667	59.00
60.00	06000	LABORATORY	0.322627	0	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	0.277096	80,688	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.790729	169	64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.283511	0	65.00
66.00	06600	PHYSICAL THERAPY	0.572508	12,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.437991	238	67.00
68.00	06800	SPEECH PATHOLOGY	0.524329	555	68.00
69.00	06900	ELECTROCARDIOLOGY	1.730661	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332255	11,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650003	7,001	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.379232	45,305	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.487330	3,133	90.00
91.00	09100	EMERGENCY	0.309642	30,611	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.917192	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		252,620	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)		252,620	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T018		Date/Time Prepared: 5/30/2013 12:30 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		299,984	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.236727	0	50.00
51.00	05100	RECOVERY ROOM	0.364807	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612317	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059415	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.308355	2,243	692 54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.394028	0	54.01
54.02	05402	BREAST CENTER	0.429846	0	54.02
54.03	05403	RADIATION ONCOLOGY	0.155160	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.216504	1,950	422 56.00
56.01	05601	ULTRASOUND	0.174024	0	56.01
57.00	05700	CT SCAN	0.059449	4,733	281 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.138856	3,151	438 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.130637	31,077	4,060 59.00
60.00	06000	LABORATORY	0.322627	0	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	0.277096	14,782	4,096 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.790729	4,047	3,200 64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.283511	0	65.00
66.00	06600	PHYSICAL THERAPY	0.572508	17,439	9,984 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.437991	55,663	24,380 67.00
68.00	06800	SPEECH PATHOLOGY	0.524329	55,861	29,290 68.00
69.00	06900	ELECTROCARDIOLOGY	1.730661	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332255	7,644	2,540 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650003	4,645	3,019 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.379232	24,438	9,268 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.487330	4,388	2,138 90.00
91.00	09100	EMERGENCY	0.309642	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.917192	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		232,061	93,808 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		232,061	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 12:30 pm
		Title VIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		35,119,079	1.00
2.00	Outlier payments for discharges. (see instructions)		1,847,510	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		253.14	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.81	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		20.78	31.00
32.00	Sum of lines 30 and 31		23.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.68	33.00
34.00	Disproportionate share adjustment (see instructions)		3,048,336	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		40,014,925	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		40,014,925	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,246,320	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		59,798	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		47,675	58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,368,718	59.00
60.00	Primary payer payments		22,170	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,346,548	61.00
62.00	Deductibles billed to program beneficiaries		3,785,482	62.00
63.00	Coinurance billed to program beneficiaries		43,585	63.00
64.00	Allowable bad debts (see instructions)		502,126	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		351,488	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		135,723	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,868,969	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.93	HVBP incentive payment (see instructions)		-993	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0	70.94
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,867,976	71.00
72.00	Interim payments		39,787,787	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		80,189	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		333,631	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,223,163	2.00
3.00	PPS payments		16,154,114	3.00
4.00	Outlier payment (see instructions)		278,218	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.832	5.00
6.00	Line 2 times line 5		15,993,672	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		36,314	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
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)		16,468,646	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		3,530,056	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		12,938,590	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,938,590	30.00
31.00	Primary payer payments		3,746	31.00
32.00	Subtotal (line 30 minus line 31)		12,934,844	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		473,244	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		331,271	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		209,451	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		13,266,115	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-68	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)		13,266,183	40.00
41.00	Interim payments		13,188,511	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)		77,672	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150018

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,331,407		12,898,599	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	12/20/2012	456,380	12/20/2012	289,912	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)		456,380		289,912	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)		39,787,787		13,188,511	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		80,189		77,672	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,867,976		13,266,183	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150018  
Component CCN: 15S018

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		573,962		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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)		573,962		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		20,568		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		594,530		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150018  
Component CCN: 15T018

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 12:30 pm  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,324,111		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)		2,324,111		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		13,180		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,337,291		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			605,876 1.00
2.00	Net IPF PPS Outlier Payments			59,362 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7.062842 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			665,238 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			665,238 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			665,238 18.00
19.00	Deductibles			91,726 19.00
20.00	Subtotal (line 18 minus line 19)			573,512 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			573,512 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			29,764 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			20,835 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			25,332 25.00
26.00	Subtotal (sum of lines 22 and 24)			594,347 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			183 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			594,530 31.00
32.00	Interim payments			573,962 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			20,568 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			59,362 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,241,459 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0259 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			90,739 3.00
4.00	Outlier Payments			86,796 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.180328 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,418,994 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,418,994 17.00
18.00	Primary payer payments			36,075 18.00
19.00	Subtotal (line 17 less line 18).			2,382,919 19.00
20.00	Deductibles			49,660 20.00
21.00	Subtotal (line 19 minus line 20)			2,333,259 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			2,333,259 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,705 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,994 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,337,253 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			38 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,337,291 32.00
33.00	Interim payments			2,324,111 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			13,180 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			86,796 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 12:30 pm
		Title XIX	Hospital	Cost
		Inpatient	Outpatient	
		1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	14,584,302		1.00
2.00	Medical and other services		10,033,104	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	14,584,302	10,033,104	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	14,584,302	10,033,104	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	19,050,052		8.00
9.00	Ancillary service charges	27,645,435	34,092,927	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	46,695,487	34,092,927	12.00
<b>CUSTOMARY CHARGES</b>				
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)	46,695,487	34,092,927	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	32,111,185	24,059,823	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)	14,584,302	10,033,104	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
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)	14,584,302	10,033,104	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)	14,584,302	10,033,104	31.00
32.00	Deductibles	0		32.00
33.00	Coinurance	0		33.00
34.00	Allowable bad debts (see instructions)	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)	14,584,302	10,033,104	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		37.00
38.00	Subtotal (line 36 ± line 37)	14,584,302	10,033,104	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)	14,584,302	10,033,104	40.00
41.00	Interim payments	14,584,302	10,033,104	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 12:30 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	79,370		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	79,370	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	79,370	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	667,371		8.00
9.00	Ancillary service charges	252,620	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	919,991	0	12.00
<b>CUSTOMARY CHARGES</b>				
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)	919,991	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	840,621	0	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)	79,370	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	79,370	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)	79,370	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	79,370	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	79,370	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	79,370	0	40.00
41.00	Interim payments	79,370	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 12:30 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	210,168		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	210,168	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	210,168	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	227,136		8.00
9.00	Ancillary service charges	232,061	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	459,197	0	12.00
<b>CUSTOMARY CHARGES</b>				
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)	459,197	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	249,029	0	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)	210,168	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	210,168	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)	210,168	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	210,168	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	210,168	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	210,168	0	40.00
41.00	Interim payments	210,168	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

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

Provider CCN: 150018

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

Worksheet G

Date/Time Prepared:  
5/30/2013 12:30 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	30,540,761	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	47,170,758	0	0	0	4.00
5.00	Other receivable	5,618,269	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,208,103	0	0	0	7.00
8.00	Prepaid expenses	5,149,176	0	0	0	8.00
9.00	Other current assets	59,768	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)	95,746,835	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,613,581	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	167,215,980	0	0	0	15.00
16.00	Accumulated depreciation	-106,465,428	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	66,000,573	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	128,364,706	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	214,057,014	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	214,057,014	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	438,168,555	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	21,071,711	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,450,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	14,566,020	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,087,731	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	79,366,203	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	63,908,335	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	143,274,538	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	181,362,269	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	256,806,286				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	256,806,286	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	438,168,555	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150018

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

Worksheet G-1

Date/Time Prepared:  
5/30/2013 12:30 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		215,709,645		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,250,967			2.00
3.00	Total (sum of line 1 and line 2)		240,960,612		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		240,960,612		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		240,960,612		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150018

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2013 12:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	77,128,099		77,128,099	1.00
2.00	SUBPROVIDER - IPF	4,565,265		4,565,265	2.00
3.00	SUBPROVIDER - IRF	4,527,875		4,527,875	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	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)	86,221,239		86,221,239	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,368,474		14,368,474	11.00
11.01	NEONATAL INTENSIVE CARE	3,123,517		3,123,517	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,491,991		17,491,991	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,713,230		103,713,230	17.00
18.00	Ancillary services	258,407,542	326,304,649	584,712,191	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
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)	362,120,772	326,304,649	688,425,421	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		270,223,359		29.00
30.00	PROVISION FOR BAD DEBT	21,550,405			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)		21,550,405		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)		291,773,764		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150018

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

Worksheet G-3

Date/Time Prepared:  
5/30/2013 12:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	688,425,421	1.00
2.00	Less contractual allowances and discounts on patients' accounts	393,778,367	2.00
3.00	Net patient revenues (line 1 minus line 2)	294,647,054	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	291,773,764	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,873,290	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON OPERATING INCOME	22,377,677	24.00
25.00	Total other income (sum of lines 6-24)	22,377,677	25.00
26.00	Total (line 5 plus line 25)	25,250,967	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,250,967	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150018	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 12:30 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,814,739	1.00
2.00	Capital DRG outlier payments		293,940	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		119.60	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.81	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		20.78	8.00
9.00	Sum of lines 7 and 8		23.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.89	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		137,641	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,246,320	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00