ST. MARY'S MEDICAL CENTER
EVANSVILLE, INDIANA

PROVIDER NOS. 15-0100, 15-S100, AND 15-T100
AND AIM NO. 100268660

HOSPITAL STATEMENTS OF REIMBURSABLE COSTS
(MEDICARE AND MEDICAID PROGRAMS)

JUNE 30, 2012

ST. MARY'S MEDICAL CENTER

PROVIDER NOS. 15-0100, 15-S100, AND 15-T100
AND AIM NO. 100268660

TABLE OF CONTENTS

Accountants' Disclaimer

Hospital Statements of Reimbursable Costs

Bradley Associates
Healthcare Advisors and CPAs

Board of Directors
St. Mary's Medical Center
Evansville, Indiana

We have compiled the Hospital Statements of Reimbursable Costs (Title XVIII and XIX) of St. Mary's Medical Center for the year ended June 30, 2012 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services, information that is the representation of management. We have not audited or reviewed the report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The report is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, this report is not designed for those who are not informed about such differences.

This report is intended to be filed with the Centers for Medicare and Medicaid Services and should not be used for any other purposes.

Bradley Associates

November 28, 2012

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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150100	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/28/2012 7:56 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/28/2012 Time: 7:56 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 ST. MARY'S MEDICAL CENTER for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement 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 identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 11/28/2012 Time: 7:56 am
YObTS7d4Wr2gUZ6m.FzhguIpTVylO0
prWijOc7b9TUpUdKZ:2lDvYN4fg7E9
tnEM1JKg89Ou3vFc
PI: Date: 11/28/2012 Time: 7:56 am
rdPwPwkM.E97.MYpqXK1zMHhB.NTC1
hFNlFOOOLFtNvDbyWOd8GYveP6pECw
8oJCisyj7E0AJnRo

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-505,910	-373,726	0	0	1.00
2.00	Subprovider - IPF	0	20,262	0		0	2.00
3.00	Subprovider - IRF	0	-4,545	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-490,193	-373,726	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: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 7:36 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 3700 WASHINGTON AVE	PO Box:			1.00
2.00	City: EVANSVILLE	State: IN	Zip Code: 47750	County: VANDERBURGH	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. MARY'S MEDICAL CENTER	150100	21780	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ST. MARY'S STRESS CENTER	15S100	21780	4	07/01/1987	N	P	O	4.00
5.00	Subprovider - IRF	ST. MARY'S REHAB UNIT	15T100	21780	5	07/01/1999	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF						N	N	N	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA						N	N	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2011	06/30/2012	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	2	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 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 days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,795	2,459	1,702	1,730	5,195	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 days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	449	97	54	353	13	0	25.00

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

		Beginning: 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I | Date/Time Prepared: 11/28/2012 7:36 am

		Beginning:	Ending:	
		1.00	2.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

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

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 7:36 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. 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. (see instructions)			0.00	0.00	0.000000	65.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 7:36 am

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 7:36 am

		1.00	2.00	3.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	266,824	0	0	118.01

		1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H056	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: ST MARY'S HEALTH SYSTEM	Contractor's Name: WPS	Contractor's Number: 8101	141.00
142.00	Street: 3700 WASHINGTON AVE	PO Box:		142.00
143.00	City: EVANSVILLE	State: IN	Zip Code: 47750-0002	143.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 7:36 am

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
					1.00	
	Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 7:36 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		
		Description	Y/N	Date	
		0	1.00	2.00	
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	10/15/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 7:36 am

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N			21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
			1.00	2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		GARY	MARKER		41.00
42.00	Enter the employer/company name of the cost report preparer.		ST. VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		317-583-3232	GAMARKER@STVINCENT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 7:36 am

		Part B Y/N 3.00	Part B Date 4.00		
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	10/15/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N			21.00

			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIR. OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		1.00	2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	284	103,944	0.00		1.00
2.00	HMO						2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						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)		284	103,944	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	62	22,692	0.00		8.00
8.02	NICU	31.02	40	14,640	0.00		8.02
9.00	CORONARY CARE UNIT	32.00	9	3,294	0.00		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					13.00
14.00	Total (see instructions)		395	144,570	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	14	5,124			16.00
17.00	SUBPROVIDER - IRF	41.00	24	8,784			17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00	NURSING FACILITY	45.00	0	0			20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC	99.00					25.00
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		433				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
28.02	SUBPROVIDER - IRF	41.00					28.02
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I | Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	23,907	6,581	51,161		1.00
2.00	HMO		6,698	4,961			2.00
3.00	HMO IPF		111	0			3.00
4.00	HMO IRF		621	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	23,907	6,581	51,161		7.00
8.00	INTENSIVE CARE UNIT	0	6,364	1,436	14,307		8.00
8.02	NICU	0	0	2,519	6,753		8.02
9.00	CORONARY CARE UNIT	0	917	114	1,736		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	0		0	3,437		13.00
14.00	Total (see instructions)	0	31,188	10,650	77,394		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	487	285	1,981		16.00
17.00	SUBPROVIDER - IRF	0	2,949	966	5,870		17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00	NURSING FACILITY	0		0	0		20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0		22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC	0	0	0	0		25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		0	11,270		28.00
28.01	SUBPROVIDER - IPF				0		28.01
28.02	SUBPROVIDER - IRF				0		28.02
29.00	Ambulance Trips		117				29.00
30.00	Employee discount days (see instruction)				1,438		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			270	997		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	6,570	1.00
2.00	HMO					1,319	2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						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
8.02	NICU						8.02
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)	3.00	2,193.11	0.00	0	6,570	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	15.91	0.00	0	65	16.00
17.00	SUBPROVIDER - IRF	0.00	36.15	0.00	0	228	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00	NURSING FACILITY	0.00	0.00	0.00			20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC	0.00	0.00	0.00			25.00
26.00	RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	3.00	2,245.17	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
28.02	SUBPROVIDER - IRF						28.02
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,101	16,249		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				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
8.02	NICU				8.02
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)	1,101	16,249		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	31	457		16.00
17.00	SUBPROVIDER - IRF	28	420		17.00
18.00	SUBPROVIDER				18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE				21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
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: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part II Date/Time Prepared: 11/28/2012 7:36 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	121,600,398	0	121,600,398	4,669,951.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		194,041	0	194,041	1,025.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		2,287,726	0	2,287,726	16,974.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	160,675	0	160,675	8,088.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		4,234,248	0	4,234,248	166,020.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		20,711,043	0	20,711,043	466,843.00	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,298,065	0	1,298,065	17,680.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		13,990,257	0	13,990,257	200,191.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		33,917,590	0	33,917,590		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		18.00
19.00	Excluded areas		5,081,140	0	5,081,140		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		30,857	0	30,857		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		388,260	0	388,260		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		61,755	0	61,755		25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	1,102,422	0	1,102,422	43,179.00	26.00
27.00	Administrative & General	5.00	14,757,958	0	14,757,958	562,982.00	27.00
28.00	Administrative & General under contract (see inst.)		56,293	0	56,293	3,338.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,705,004	0	2,705,004	126,743.00	30.00
31.00	Laundry & Linen Service	8.00	602,031	0	602,031	50,164.00	31.00
32.00	Housekeeping	9.00	1,951,895	0	1,951,895	160,781.00	32.00
33.00	Housekeeping under contract (see instructions)		9,179	0	9,179	795.00	33.00
34.00	Dietary	10.00	1,606,311	-1,259,540	346,771	26,969.00	34.00
35.00	Dietary under contract (see instructions)		13,003	0	13,003	1,082.00	35.00
36.00	Cafeteria	11.00	0	1,259,540	1,259,540	97,958.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,728,176	0	3,728,176	175,288.00	38.00
39.00	Central Services and Supply	14.00	1,288,056	0	1,288,056	73,234.00	39.00
40.00	Pharmacy	15.00	3,573,320	0	3,573,320	104,731.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,533,159	0	2,533,159	143,689.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part II | Date/Time Prepared: 11/28/2012 7:36 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART II - WAGE DATA			
	SALARIES			
1.00	Total salaries (see instructions)	26.04		1.00
2.00	Non-physician anesthetist Part A	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00		3.00
4.00	Physician-Part A - Administrative	189.31		4.00
4.01	Physicians - Part A - Teaching	0.00		4.01
5.00	Physician-Part B	134.78		5.00
6.00	Non-physician-Part B	0.00		6.00
7.00	Interns & residents (in an approved program)	19.87		7.00
7.01	Contracted interns and residents (in an approved programs)	0.00		7.01
8.00	Home office personnel	25.50		8.00
9.00	SNF	0.00		9.00
10.00	Excluded area salaries (see instructions)	44.36		10.00
	OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	73.42		11.00
12.00	Contract management and administrative services	0.00		12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00		13.00
14.00	Home office salaries & wage-related costs	69.88		14.00
15.00	Home office: Physician Part A - Administrative	0.00		15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00		16.00
	WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A - Administrative			22.00
22.01	Physician Part A - Teaching			22.01
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
	OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	25.53		26.00
27.00	Administrative & General	26.21		27.00
28.00	Administrative & General under contract (see inst.)	16.86		28.00
29.00	Maintenance & Repairs	0.00		29.00
30.00	Operation of Plant	21.34		30.00
31.00	Laundry & Linen Service	12.00		31.00
32.00	Housekeeping	12.14		32.00
33.00	Housekeeping under contract (see instructions)	11.55		33.00
34.00	Dietary	12.86		34.00
35.00	Dietary under contract (see instructions)	12.02		35.00
36.00	Cafeteria	12.86		36.00
37.00	Maintenance of Personnel	0.00		37.00
38.00	Nursing Administration	21.27		38.00
39.00	Central Services and Supply	17.59		39.00
40.00	Pharmacy	34.12		40.00
41.00	Medical Records & Medical Records Library	17.63		41.00
42.00	Social Service	0.00		42.00
43.00	Other General Service	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part III Date/Time Prepared: 11/28/2012 7:36 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		114,996,224	0	114,996,224	4,484,084.00	1.00
2.00	Excluded area salaries (see instructions)		20,711,043	0	20,711,043	466,843.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)		94,285,181	0	94,285,181	4,017,241.00	3.00
4.00	Subtotal other wages & related costs (see inst.)		15,288,322	0	15,288,322	217,871.00	4.00
5.00	Subtotal wage-related costs (see inst.)		33,948,447	0	33,948,447	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		143,521,950	0	143,521,950	4,235,112.00	6.00
7.00	Total overhead cost (see instructions)		33,926,807	0	33,926,807	1,570,933.00	7.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part III Date/Time Prepared: 11/28/2012 7:36 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	25.65		1.00
2.00	Excluded area salaries (see instructions)	44.36		2.00
3.00	Subtotal salaries (line 1 minus line 2)	23.47		3.00
4.00	Subtotal other wages & related costs (see inst.)	70.17		4.00
5.00	Subtotal wage-related costs (see inst.)	36.01		5.00
6.00	Total (sum of lines 3 thru 5)	33.89		6.00
7.00	Total overhead cost (see instructions)	21.60		7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part IV Date/Time Prepared: 11/28/2012 7:36 am

		Amount Reported 1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,431,776	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	4,822,226	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	20,008,608	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,494,597	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	204,142	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	114,858	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	243,920	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	896,324	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	8,577,980	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	77,657	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	215,676	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	391,838	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	39,479,602	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part V Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	1,298,065	0	1.00
2.00	Hospital	1,298,065	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			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	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: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-10 | Date/Time Prepared: 11/28/2012 7:36 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.252217	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	33,799,613	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?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	139,450,645	6.00
7.00	Medicaid cost (line 1 times line 6)	35,171,823	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)	1,372,210	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	3,930	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	223,160	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,372,210	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	59,552,881	16,298,647	75,851,528	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	15,020,249	4,110,796	19,131,045	21.00
22.00	Partial payment by patients approved for charity care	592,183	1,714,049	2,306,232	22.00
23.00	Cost of charity care (line 21 minus line 22)	14,428,066	2,396,747	16,824,813	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)	22,008,026	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	911,541	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	21,096,485	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	5,320,892	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	22,145,705	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	23,517,915	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		12,631,550	12,631,550	0	12,631,550	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		12,230,258	12,230,258	0	12,230,258	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	1,102,422	32,611,644	33,714,066	0	33,714,066	4.00
5.01	00510	COMMUNICATION	188,478	430,566	619,044	0	619,044	5.01
5.03	00530	PURCHASING RECEIVING AND STORES	479,982	342,269	822,251	0	822,251	5.03
5.05	00540	ADMITTING	2,169,979	156,594	2,326,573	0	2,326,573	5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	467,043	4,333,645	4,800,688	0	4,800,688	5.06
5.07	00551	PATIENT PLACEMENT	515,474	7,946	523,420	0	523,420	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	10,937,002	58,827,184	69,764,186	0	69,764,186	5.08
7.00	00700	OPERATION OF PLANT	2,705,004	7,973,153	10,678,157	0	10,678,157	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	602,031	-46,491	555,540	0	555,540	8.00
9.00	00900	HOUSEKEEPING	1,951,895	1,077,638	3,029,533	0	3,029,533	9.00
10.00	01000	DIETARY	1,606,311	3,121,392	4,727,703	-3,707,084	1,020,619	10.00
11.00	01100	CAFETERIA	0	0	0	3,707,084	3,707,084	11.00
13.00	01300	NURSING ADMINISTRATION	3,728,176	87,059	3,815,235	0	3,815,235	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,288,056	2,131,500	3,419,556	0	3,419,556	14.00
15.00	01500	PHARMACY	3,573,320	488,480	4,061,800	0	4,061,800	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,533,159	958,440	3,491,599	0	3,491,599	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	160,675	47,153	207,828	0	207,828	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,758,292	1,515,676	18,273,968	-811,735	17,462,233	30.00
31.00	03100	INTENSIVE CARE UNIT	7,030,395	909,292	7,939,687	0	7,939,687	31.00
31.02	03102	NICU	3,275,898	234,750	3,510,648	0	3,510,648	31.02
32.00	03200	CORONARY CARE UNIT	1,138,584	341,870	1,480,454	0	1,480,454	32.00
40.00	04000	SUBPROVIDER - IPF	1,244,565	114,717	1,359,282	0	1,359,282	40.00
41.00	04100	SUBPROVIDER - IRF	1,980,204	61,140	2,041,344	0	2,041,344	41.00
43.00	04300	NURSERY	0	0	0	811,735	811,735	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,540,203	29,120,077	35,660,280	0	35,660,280	50.00
51.00	05100	RECOVERY ROOM	1,299,308	62,262	1,361,570	0	1,361,570	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,136,515	582,825	2,719,340	0	2,719,340	52.00
53.00	05300	ANESTHESIOLOGY	37,249	2,595,106	2,632,355	0	2,632,355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,238,816	2,217,572	5,456,388	0	5,456,388	54.00
54.02	05402	ULTRASOUND	536,827	68,325	605,152	0	605,152	54.02
54.03	05403	NUCLEAR MEDICINE	438,432	873,350	1,311,782	0	1,311,782	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	736,076	339,347	1,075,423	0	1,075,423	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,379,468	2,040,489	3,419,957	0	3,419,957	59.00
60.00	06000	LABORATORY	5,219,260	4,230,089	9,449,349	0	9,449,349	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	293,524	2,825,755	3,119,279	0	3,119,279	63.00
64.00	06400	INTRAVENOUS THERAPY	978,323	2,172,492	3,150,815	0	3,150,815	64.00
65.00	06500	RESPIRATORY THERAPY	2,592,828	513,641	3,106,469	0	3,106,469	65.00
66.00	06600	PHYSICAL THERAPY	2,393,459	154,256	2,547,715	0	2,547,715	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,167,926	6,231	1,174,157	0	1,174,157	67.00
68.00	06800	SPEECH PATHOLOGY	335,957	7,211	343,168	0	343,168	68.00
69.00	06900	ELECTROCARDIOLOGY	522,567	2,147,184	2,669,751	0	2,669,751	69.00
69.02	06902	CARDIAC REHAB	505,947	12,890	518,837	0	518,837	69.02
69.03	06903	DIABETIC EDUCATION	194,706	127,703	322,409	0	322,409	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	630,661	179,214	809,875	0	809,875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,999,035	10,999,035	0	10,999,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,737,476	16,737,476	0	16,737,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,672,443	12,672,443	0	12,672,443	73.00
74.00	07400	RENAL DIALYSIS	-157,940	1,268,749	1,110,809	0	1,110,809	74.00
76.00	03020	OTHER ANCILLARY	92,664	3,935	96,599	0	96,599	76.00
76.01	03021	MOBILE OUTREACH CLINIC	579,923	508,849	1,088,772	0	1,088,772	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	313,222	45,946	359,168	0	359,168	90.00
90.01	09001	OUTPATIENT PSYCH	52,670	6,227	58,897	0	58,897	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	282,567	36,139	318,706	0	318,706	90.04
91.00	09100	EMERGENCY	5,231,783	4,462,845	9,694,628	0	9,694,628	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,104,238	461,516	1,565,754	0	1,565,754	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	809,896	1,697,736	2,507,632	0	2,507,632	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,924,020	239,764,340	344,688,360	0	344,688,360	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	46,514	46,514	0	46,514	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,212,079	3,127,881	14,339,960	0	14,339,960	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	485,626	4,465,268	4,950,894	0	4,950,894	194.01
194.02	07952	OCCUPATIONAL MEDICINE	207,756	197,053	404,809	0	404,809	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	1,459,943	750,413	2,210,356	0	2,210,356	194.04
194.06	07956	MOB	0	402,323	402,323	0	402,323	194.06
194.07	07957	SENIOR PARTNERS	0	53,450	53,450	0	53,450	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	116,504	4,554,958	4,671,462	0	4,671,462	194.08
194.09	07959	CONV CARE	2,674,721	789,886	3,464,607	0	3,464,607	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION	519,749	-329,431	190,318	0	190,318	194.17
200.00		TOTAL (SUM OF LINES 118-199)	121,600,398	253,822,655	375,423,053	0	375,423,053	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/28/2012 7:36 am

		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	-5,254,628	7,376,922		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-3,392,662	8,837,596		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS	-9,920,902	23,793,164		4.00
5.01	00510	COMMUNICATION	-200,378	418,666		5.01
5.03	00530	PURCHASING RECEIVING AND STORES	-822,251	0		5.03
5.05	00540	ADMITTING	-25	2,326,548		5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,480,202	6,280,890		5.06
5.07	00551	PATIENT PLACEMENT	0	523,420		5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	-10,270,812	59,493,374		5.08
7.00	00700	OPERATION OF PLANT	-1,989,025	8,689,132		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-137,111	418,429		8.00
9.00	00900	HOUSEKEEPING	-388,190	2,641,343		9.00
10.00	01000	DIETARY	-71	1,020,548		10.00
11.00	01100	CAFETERIA	-2,078,855	1,628,229		11.00
13.00	01300	NURSING ADMINISTRATION	-24,632	3,790,603		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,178	3,417,378		14.00
15.00	01500	PHARMACY	-76,062	3,985,738		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-289,574	3,202,025		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-1,705	206,123		21.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-92,848	17,369,385		30.00
31.00	03100	INTENSIVE CARE UNIT	-820,568	7,119,119		31.00
31.02	03102	NICU	-94,022	3,416,626		31.02
32.00	03200	CORONARY CARE UNIT	0	1,480,454		32.00
40.00	04000	SUBPROVIDER - IPF	-412,845	946,437		40.00
41.00	04100	SUBPROVIDER - IRF	-88	2,041,256		41.00
43.00	04300	NURSERY	0	811,735		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,207,302	34,452,978		50.00
51.00	05100	RECOVERY ROOM	0	1,361,570		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-384,453	2,334,887		52.00
53.00	05300	ANESTHESIOLOGY	-2,569,969	62,386		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-58,850	5,397,538		54.00
54.02	05402	ULTRASOUND	-8,929	596,223		54.02
54.03	05403	NUCLEAR MEDICINE	-13,468	1,298,314		54.03
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	-7,981	1,067,442		57.00
59.00	05900	CARDIAC CATHETERIZATION	-499,166	2,920,791		59.00
60.00	06000	LABORATORY	-1,082,113	8,367,236		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-3,255	3,116,024		63.00
64.00	06400	INTRAVENOUS THERAPY	-952,536	2,198,279		64.00
65.00	06500	RESPIRATORY THERAPY	-262	3,106,207		65.00
66.00	06600	PHYSICAL THERAPY	-7,748	2,539,967		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,174,157		67.00
68.00	06800	SPEECH PATHOLOGY	0	343,168		68.00
69.00	06900	ELECTROCARDIOLOGY	-115,474	2,554,277		69.00
69.02	06902	CARDIAC REHAB	-104,129	414,708		69.02
69.03	06903	DIABETIC EDUCATION	-4,903	317,506		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-48,232	761,643		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,999,035		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,737,476		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,672,443		73.00
74.00	07400	RENAL DIALYSIS	0	1,110,809		74.00
76.00	03020	OTHER ANCILLARY	0	96,599		76.00
76.01	03021	MOBILE OUTREACH CLINIC	-509,549	579,223		76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	359,168		90.00
90.01	09001	OUTPATIENT PSYCH	-38,108	20,789		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	-98,273	220,433		90.04
91.00	09100	EMERGENCY	-51,826	9,642,802		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	1,565,754		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-86	2,507,546		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
99.00	09900	CMHC	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-42,555,842	302,132,518	118.00
		NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	0	46,514	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,339,960	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	APOTHECARY	0	4,950,894	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	404,809	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954	MARKETING	0	2,210,356	194.04
194.06	07956	MOB	0	402,323	194.06
194.07	07957	SENIOR PARTNERS	0	53,450	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	4,671,462	194.08
194.09	07959	CONV CARE	0	3,464,607	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	194.15
194.17	07967	FOUNDATION	0	190,318	194.17
200.00		TOTAL (SUM OF LINES 118-199)	-42,555,842	332,867,211	200.00

RECLASSIFICATIONS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/28/2012 7:36 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	B - CAFETERIA				
1.00	CAFETERIA	11.00	1,259,540	2,447,544	1.00
	TOTALS		1,259,540	2,447,544	
	C - NURSERY				
1.00	NURSERY	43.00	722,716	89,019	1.00
	TOTALS		722,716	89,019	
500.00	Grand Total: Increases		1,982,256	2,536,563	500.00

RECLASSIFICATIONS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/28/2012 7:36 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - CAFETERIA						
1.00	DIETARY	10.00	1,259,540	2,447,544	0		1.00
	TOTALS		1,259,540	2,447,544			
	C - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	722,716	89,019	0		1.00
	TOTALS		722,716	89,019			
500.00	Grand Total: Decreases		1,982,256	2,536,563			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III | Date/Time Prepared: 11/28/2012 7:36 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,948,022	0	0	0	0	1.00
2.00	Land Improvements	9,041,203	0	0	0	0	2.00
3.00	Buildings and Fixtures	149,364,968	2,158,701	0	2,158,701	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	160,118,167	9,721,267	0	9,721,267	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	328,472,360	11,879,968	0	11,879,968	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	328,472,360	11,879,968	0	11,879,968	0	10.00

SUMMARY OF CAPITAL

	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,290,181	4,187,814	5,152,896	659	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,098,572	1,823,253	0	25,074	0	2.00
3.00	Total (sum of lines 1-2)	11,388,753	6,011,067	5,152,896	25,733	0	3.00

COMPUTATION OF RATIOS

	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	170,512,894	0	170,512,894	0.500989	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	169,839,434	0	169,839,434	0.499011	0	2.00
3.00	Total (sum of lines 1-2)	340,352,328	0	340,352,328	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III Date/Time Prepared: 11/28/2012 7:36 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,948,022	0				1.00
2.00	Land Improvements	9,041,203	0				2.00
3.00	Buildings and Fixtures	151,523,669	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	169,839,434	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	340,352,328	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	340,352,328	0				10.00

	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	12,631,550				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,283,359	12,230,258				2.00
3.00	Total (sum of lines 1-2)	2,283,359	24,861,808				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	3,188,449	4,187,814	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,989,053	1,823,253	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,177,502	6,011,067	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III | Date/Time Prepared: 11/28/2012 7:36 am

	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	5,152,896	-5,152,237	0	0	7,376,922	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	25,074	0	216	8,837,596	2.00
3.00	Total (sum of lines 1-2)	5,152,896	-5,127,163	0	216	16,214,518	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-5,152,896	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00	Television and radio service (chapter 21)	A	-11,550	MISC ADMINISTRATIVE AND GENERAL	5.08	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,141,951			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-13,327,489			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-1,961,441	CAFETERIA	11.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-2,178	CENTRAL SERVICES & SUPPLY	14.00	16.00
17.00	Sale of drugs to other than patients	B	-58,628	PHARMACY	15.00	17.00
18.00	Sale of medical records and abstracts	B	-24,041	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines		0		0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	MISC INCOME - EMPLOYEE BENEFITS	B	-3,173	EMPLOYEE BENEFITS	4.00	33.00
33.01	MISC INCOME - COMMUNICATIONS	B	-89,146	COMMUNICATION	5.01	33.01
33.02	MISC INCOME - OTHER A&G	B	-393,642	MISC ADMINISTRATIVE AND GENERAL	5.08	33.02
33.03	MISC INCOME - PLANT	B	-714,060	OPERATION OF PLANT	7.00	33.03
33.04	MISC INCOME - LAUNDRY	B	-137,111	LAUNDRY & LINEN SERVICE	8.00	33.04
33.05	MISC INCOME - HOUSEKEEPING	B	-788	HOUSEKEEPING	9.00	33.05
33.06	MISC INCOME - NURSING ADMIN	B	-19,026	NURSING ADMINISTRATION	13.00	33.06
33.07	MISC INCOME - ADULTS & PEDS	B	-46,655	ADULTS & PEDIATRICS	30.00	33.07
33.08	MISC INCOME - ICU	B	-7,375	INTENSIVE CARE UNIT	31.00	33.08
33.09	MISC INCOME - PSYCH	B	-42,725	SUBPROVIDER - IPF	40.00	33.09
33.11	MISC INCOME - OR	B	-522	OPERATING ROOM	50.00	33.11
33.12	MISC INCOME - ANESTHESIOLOGY	B	-33	ANESTHESIOLOGY	53.00	33.12
33.13	MISC INCOME - RADIOLOGY	B	-29,493	RADIOLOGY-DIAGNOSTIC	54.00	33.13
33.14	MISC INCOME - ULTRASOUND	B	-8,929	ULTRASOUND	54.02	33.14
33.16	MISC INCOME - CARDIAC CATH	B	-32,800	CARDIAC CATHETERIZATION	59.00	33.16
33.17	MISC INCOME - LAB	B	-681,493	LABORATORY	60.00	33.17
33.18	MISC INCOME - IV THERAPY	B	-133,536	INTRAVENOUS THERAPY	64.00	33.18
33.19	MISC INCOME - RT	B	-262	RESPIRATORY THERAPY	65.00	33.19
33.20	MISC INCOME - PT	B	-400	PHYSICAL THERAPY	66.00	33.20
33.21	MISC INCOME - CARDIAC REHAB	B	-104,129	CARDIAC REHAB	69.02	33.21

ADJUSTMENTS TO EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.22	MISC INCOME - DIABETIC EDUCATION	B	-4,903	DIABETIC EDUCATION	69.03	33.22
33.23	MISC INCOME - EKG	B	-44	ELECTROENCEPHALOGRAPHY	70.00	33.23
33.24	MISC INCOME - OTHER ANCILLARY	B	-507,731	MOBILE OUTREACH CLINIC	76.01	33.24
33.26	MISC INCOME - OUTPATIENT PSYCH	B	-32,708	OUTPATIENT PSYCH	90.01	33.26
33.27	MISC INCOME - ER	B	-37,024	EMERGENCY	91.00	33.27
33.30	ADVERTISING - EMPLOYEE BENEFITS	A	-10,775	EMPLOYEE BENEFITS	4.00	33.30
33.31	ADVERTISING - OTHER A&G	A	-20,642	MISC ADMINISTRATIVE AND GENERAL	5.08	33.31
33.32	ADVERTISING - ADULTS & PEDS	A	-41,190	ADULTS & PEDIATRICS	30.00	33.32
33.34	MISC EXPENSE - CAPITAL	A	-2,283,143	CAP REL COSTS-MVBLE EQUIP	2.00	33.34
33.35	MISC EXPENSE - EMPLOYEE BENEFITS	A	-50,871	EMPLOYEE BENEFITS	4.00	33.35
33.38	MISC EXPENSE- OTHER A&G	A	-881,593	MISC ADMINISTRATIVE AND GENERAL	5.08	33.38
33.39	MISC EXPENSE- PLANT	A	-141	OPERATION OF PLANT	7.00	33.39
33.40	MISC EXPENSE- NURSING ADMIN	A	-5,606	NURSING ADMINISTRATION	13.00	33.40
33.41	MISC EXPENSE- PHARMACY	A	-17,434	PHARMACY	15.00	33.41
33.42	MISC EXPENSE- MEDICAL RECORDS	A	-18	MEDICAL RECORDS & LIBRARY	16.00	33.42
33.43	MISC EXPENSE- INTERNS & RESIDENTS	A	-1,700	I&R SERVICES-SALARY & FRINGES APPRV	21.00	33.43
33.44	MISC EXPENSE - ADULTS & PEDS	A	-4,700	ADULTS & PEDIATRICS	30.00	33.44
33.45	MISC EXPENSE - ICU	A	-1,005	INTENSIVE CARE UNIT	31.00	33.45
33.46	MISC EXPENSE - OR	A	-1	OPERATING ROOM	50.00	33.46
33.47	MISC EXPENSE - PT	A	-7,343	PHYSICAL THERAPY	66.00	33.47
33.49	MISC EXPENSE - MOBILE OUTREACH CLINI	A	-16	MOBILE OUTREACH CLINIC	76.01	33.49
33.50	MISC EXPENSE - ER	A	-1,086	EMERGENCY	91.00	33.50
33.51	MISC EXPENSE - AMBULANCE	A	-60	AMBULANCE SERVICES	95.00	33.51
33.52	PV LAB BENEFITS	A	-52,561	EMPLOYEE BENEFITS	4.00	33.52
33.53	PV LAB PROFIT	A	-818,512	INTRAVENOUS THERAPY	64.00	33.53
33.54	FREESTANDING CATH LAB BENEFITS	A	-70,147	EMPLOYEE BENEFITS	4.00	33.54
33.55	FREESTANDING CATH LAB PROFIT	A	-462,623	CARDIAC CATHETERIZATION	59.00	33.55
33.56	PROFESSIONAL LIABILITY INSURANCE	A	-145,328	MISC ADMINISTRATIVE AND GENERAL	5.08	33.56
33.57	LOBBYING DUES	A	-6,223	MISC ADMINISTRATIVE AND GENERAL	5.08	33.57
33.58	PHYSICIAN BILLING	A	-9,801	SUBPROVIDER - IPF	40.00	33.58
33.59	PHYSICIAN BILLING	A	-11,015	BARIATRICS	90.04	33.59
33.60	PHYSICIAN BILLING	A	-94,022	NICU	31.02	33.60
33.61	PHYSICIAN BILLING	A	-5,119	INTENSIVE CARE UNIT	31.00	33.61
33.62	PHYSICIAN BILLING	A	-793	OPERATING ROOM	50.00	33.62
33.63	PHYSICIAN BILLING	A	-338	ELECTROENCEPHALOGRAPHY	70.00	33.63
33.64	PATIENT PHONES	A	-32,736	COMMUNICATION	5.01	33.64
33.65	PATIENT PHONES	A	-25	ADMITTING	5.05	33.65
33.66	PATIENT PHONES	A	-31	CASHIERING/ACCOUNTS RECEIVABLE	5.06	33.66
33.67	PATIENT PHONES	A	-161	MISC ADMINISTRATIVE AND GENERAL	5.08	33.67
33.68	PATIENT PHONES	A	-152	OPERATION OF PLANT	7.00	33.68
33.69	PATIENT PHONES	A	-71	DIETARY	10.00	33.69
33.70	PATIENT PHONES	A	-1,176	MEDICAL RECORDS & LIBRARY	16.00	33.70
33.71	PATIENT PHONES	A	-5	I&R SERVICES-SALARY & FRINGES APPRV	21.00	33.71
33.72	PATIENT PHONES	A	-5	ADULTS & PEDIATRICS	30.00	33.72
33.73	PATIENT PHONES	A	-88	SUBPROVIDER - IRF	41.00	33.73
33.74	PATIENT PHONES	A	-211	NUCLEAR MEDICINE	54.03	33.74
33.75	PATIENT PHONES	A	-9	LABORATORY	60.00	33.75
33.76	PATIENT PHONES	A	-5	PHYSICAL THERAPY	66.00	33.76
33.77	PATIENT PHONES	A	-119	ELECTROCARDIOLOGY	69.00	33.77
33.78	PATIENT PHONES	A	-703	MOBILE OUTREACH CLINIC	76.01	33.78
33.79	PATIENT PHONES	A	-26	AMBULANCE SERVICES	95.00	33.79
33.80	SELF-INSURANCE	A	-7,769,395	EMPLOYEE BENEFITS	4.00	33.80
33.81	COLLECTION AGENCY REFUNDS	A	1,480,233	CASHIERING/ACCOUNTS RECEIVABLE	5.06	33.81
33.82	PENSION	A	-519,469	EMPLOYEE BENEFITS	4.00	33.82
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-42,555,842			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Wkst. A-7 Ref.		
		5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	12		1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0		27.00
28.00	Non-physician Anesthetist			28.00
29.00	Physicians' assistant	0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		32.00
33.00	MISC INCOME - EMPLOYEE BENEFITS	0		33.00
33.01	MISC INCOME - COMMUNICATIONS	0		33.01
33.02	MISC INCOME - OTHER A&G	0		33.02
33.03	MISC INCOME - PLANT	0		33.03
33.04	MISC INCOME - LAUNDRY	0		33.04
33.05	MISC INCOME - HOUSEKEEPING	0		33.05
33.06	MISC INCOME - NURSING ADMIN	0		33.06
33.07	MISC INCOME - ADULTS & PEDS	0		33.07
33.08	MISC INCOME - ICU	0		33.08
33.09	MISC INCOME - PSYCH	0		33.09
33.11	MISC INCOME - OR	0		33.11
33.12	MISC INCOME - ANESTHESIOLOGY	0		33.12
33.13	MISC INCOME - RADIOLOGY	0		33.13
33.14	MISC INCOME - ULTRASOUND	0		33.14
33.16	MISC INCOME - CARDIAC CATH	0		33.16
33.17	MISC INCOME - LAB	0		33.17
33.18	MISC INCOME - IV THERAPY	0		33.18
33.19	MISC INCOME - RT	0		33.19
33.20	MISC INCOME - PT	0		33.20
33.21	MISC INCOME - CARDIAC REHAB	0		33.21
33.22	MISC INCOME - DIABETIC EDUCATION	0		33.22
33.23	MISC INCOME - EKG	0		33.23
33.24	MISC INCOME - OTHER ANCILLARY	0		33.24
33.26	MISC INCOME - OUTPATIENT PSYCH	0		33.26
33.27	MISC INCOME - ER	0		33.27
33.30	ADVERTISING - EMPLOYEE BENEFITS	0		33.30
33.31	ADVERTISING - OTHER A&G	0		33.31
33.32	ADVERTISING - ADULTS & PEDS	0		33.32

ADJUSTMENTS TO EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Wkst. A-7 Ref. 5.00		
33.34	MISC EXPENSE - CAPITAL	14		33.34
33.35	MISC EXPENSE - EMPLOYEE BENEFITS	0		33.35
33.38	MISC EXPENSE- OTHER A&G	0		33.38
33.39	MISC EXPENSE- PLANT	0		33.39
33.40	MISC EXPENSE- NURSING ADMIN	0		33.40
33.41	MISC EXPENSE- PHARMACY	0		33.41
33.42	MISC EXPENSE- MEDICAL RECORDS	0		33.42
33.43	MISC EXPENSE- INTERNS & RESIDENTS	0		33.43
33.44	MISC EXPENSE - ADULTS & PEDS	0		33.44
33.45	MISC EXPENSE - ICU	0		33.45
33.46	MISC EXPENSE - OR	0		33.46
33.47	MISC EXPENSE - PT	0		33.47
33.49	MISC EXPENSE - MOBILE OUTREACH CLINI	0		33.49
33.50	MISC EXPENSE - ER	0		33.50
33.51	MISC EXPENSE - AMBULANCE	0		33.51
33.52	PV LAB BENEFITS	0		33.52
33.53	PV LAB PROFIT	0		33.53
33.54	FREESTANDING CATH LAB BENEFITS	0		33.54
33.55	FREESTANDING CATH LAB PROFIT	0		33.55
33.56	PROFESSIONAL LIABILITY INSURANCE	0		33.56
33.57	LOBBYING DUES	0		33.57
33.58	PHYSICIAN BILLING	0		33.58
33.59	PHYSICIAN BILLING	0		33.59
33.60	PHYSICIAN BILLING	0		33.60
33.61	PHYSICIAN BILLING	0		33.61
33.62	PHYSICIAN BILLING	0		33.62
33.63	PHYSICIAN BILLING	0		33.63
33.64	PATIENT PHONES	0		33.64
33.65	PATIENT PHONES	0		33.65
33.66	PATIENT PHONES	0		33.66
33.67	PATIENT PHONES	0		33.67
33.68	PATIENT PHONES	0		33.68
33.69	PATIENT PHONES	0		33.69
33.70	PATIENT PHONES	0		33.70
33.71	PATIENT PHONES	0		33.71
33.72	PATIENT PHONES	0		33.72
33.73	PATIENT PHONES	0		33.73
33.74	PATIENT PHONES	0		33.74
33.75	PATIENT PHONES	0		33.75
33.76	PATIENT PHONES	0		33.76
33.77	PATIENT PHONES	0		33.77
33.78	PATIENT PHONES	0		33.78
33.79	PATIENT PHONES	0		33.79
33.80	SELF-INSURANCE	0		33.80
33.81	COLLECTION AGENCY REFUNDS	0		33.81
33.82	PENSION	0		33.82
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.08	MISC ADMINISTRATIVE AND GENERAL	AHIS A&G / MGMT FEES	1.00
2.00		1.00	CAP REL COSTS-BLDG & FIXT	BOND AMORTIZATION	2.00
3.00		1.00	CAP REL COSTS-BLDG & FIXT	ST. MARY'S HOME OFFICE	3.00
4.00		2.00	CAP REL COSTS-MVBLE EQUIP	ST. MARY'S HOME OFFICE	4.00
4.01		4.00	EMPLOYEE BENEFITS	ST. MARY'S HOME OFFICE	4.01
4.02		5.01	COMMUNICATION	ST. MARY'S HOME OFFICE	4.02
4.03		5.03	PURCHASING RECEIVING AND STORES	ST. MARY'S HOME OFFICE	4.03
4.04		5.08	MISC ADMINISTRATIVE AND GENERAL	ST. MARY'S HOME OFFICE	4.04
4.05		7.00	OPERATION OF PLANT	ST. MARY'S HOME OFFICE	4.05
4.06		9.00	HOUSEKEEPING	ST. MARY'S HOME OFFICE	4.06
4.07		11.00	CAFETERIA	ST. MARY'S HOME OFFICE	4.07
4.08		16.00	MEDICAL RECORDS & LIBRARY	ST. MARY'S HOME OFFICE	4.08
4.09		5.08	MISC ADMINISTRATIVE AND GENERAL	ST. MARY'S HOME OFFICE	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

		Symbol (1)	Name	Percentage of Ownership		
		1.00	2.00	3.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		0	20,114,581	-20,114,581	0		1.00
2.00		0	5,152,896	-5,152,896	9		2.00
3.00		5,448,302	397,138	5,051,164	9		3.00
4.00		0	1,109,519	-1,109,519	9		4.00
4.01		0	1,444,511	-1,444,511	0		4.01
4.02		0	78,496	-78,496	0		4.02
4.03		0	822,251	-822,251	0		4.03
4.04		36,224,442	7,477,771	28,746,671	0		4.04
4.05		0	1,274,672	-1,274,672	0		4.05
4.06		0	387,402	-387,402	0		4.06
4.07		0	117,414	-117,414	0		4.07
4.08		0	264,339	-264,339	0		4.08
4.09		0	16,359,243	-16,359,243	0		4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	41,672,744	55,000,233	-13,327,489			5.00

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

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				
6.00		ASCENSION HEALT	100.00	HOME OFFICE	6.00
7.00		ST MARY'S HEALT	100.00	SYSTEM HOME OFF	7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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.

(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: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/28/2012 7:36 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		5.08	MISC ADMINISTRATIVE AND GENERAL	1,084,520	1,084,520	1.00
2.00		30.00	ADULTS & PEDIATRICS	298	298	2.00
3.00		31.00	INTENSIVE CARE UNIT	807,069	807,069	3.00
4.00		40.00	SUBPROVIDER - IPF	360,319	360,319	4.00
5.00		50.00	OPERATING ROOM	1,205,986	1,205,986	5.00
6.00		52.00	DELIVERY ROOM & LABOR ROOM	384,453	384,453	6.00
7.00		53.00	ANESTHESIOLOGY	2,569,936	2,569,936	7.00
8.00		54.00	RADIOLOGY-DIAGNOSTIC	29,357	29,357	8.00
9.00		54.03	NUCLEAR MEDICINE	13,257	13,257	9.00
10.00		57.00	CT SCAN	7,981	7,981	10.00
11.00		59.00	CARDIAC CATHETERIZATION	3,743	3,743	11.00
12.00		60.00	LABORATORY	400,611	400,611	12.00
13.00		63.00	BLOOD STORING, PROCESSING & TRANS.	3,255	3,255	13.00
14.00		64.00	INTRAVENOUS THERAPY	488	488	14.00
15.00		69.00	ELECTROCARDIOLOGY	115,355	115,355	15.00
16.00		70.00	ELECTROENCEPHALOGRAPHY	47,850	47,850	16.00
17.00		76.01	MOBILE OUTREACH CLINIC	1,099	1,099	17.00
18.00		90.01	OUTPATIENT PSYCH	5,400	5,400	18.00
19.00		90.04	BARIATRICS	87,258	87,258	19.00
20.00		91.00	EMERGENCY	13,716	13,716	20.00
200.00				7,141,951	7,141,951	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/28/2012 7:36 am

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		0	0	0	0	0	1.00
2.00		0	0	0	0	0	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	0	0	0	5.00
6.00		0	0	0	0	0	6.00
7.00		0	0	0	0	0	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
11.00		0	0	0	0	0	11.00
12.00		0	0	0	0	0	12.00
13.00		0	0	0	0	0	13.00
14.00		0	0	0	0	0	14.00
15.00		0	0	0	0	0	15.00
16.00		0	0	0	0	0	16.00
17.00		0	0	0	0	0	17.00
18.00		0	0	0	0	0	18.00
19.00		0	0	0	0	0	19.00
20.00		0	0	0	0	0	20.00
200.00		0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	0	0	0	1.00
2.00		0	0	0	0	0	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	0	0	0	5.00
6.00		0	0	0	0	0	6.00
7.00		0	0	0	0	0	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
11.00		0	0	0	0	0	11.00
12.00		0	0	0	0	0	12.00
13.00		0	0	0	0	0	13.00
14.00		0	0	0	0	0	14.00
15.00		0	0	0	0	0	15.00
16.00		0	0	0	0	0	16.00
17.00		0	0	0	0	0	17.00
18.00		0	0	0	0	0	18.00
19.00		0	0	0	0	0	19.00
20.00		0	0	0	0	0	20.00
200.00		0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/28/2012 7:36 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	1,084,520		1.00
2.00		0	298		2.00
3.00		0	807,069		3.00
4.00		0	360,319		4.00
5.00		0	1,205,986		5.00
6.00		0	384,453		6.00
7.00		0	2,569,936		7.00
8.00		0	29,357		8.00
9.00		0	13,257		9.00
10.00		0	7,981		10.00
11.00		0	3,743		11.00
12.00		0	400,611		12.00
13.00		0	3,255		13.00
14.00		0	488		14.00
15.00		0	115,355		15.00
16.00		0	47,850		16.00
17.00		0	1,099		17.00
18.00		0	5,400		18.00
19.00		0	87,258		19.00
20.00		0	13,716		20.00
200.00		0	7,141,951		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	COMMUNICATION	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,376,922	7,376,922				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,837,596		8,837,596			2.00
4.00	00400	EMPLOYEE BENEFITS	23,793,164	43,242	1,821	23,838,227		4.00
5.01	00510	COMMUNICATION	418,666	9,840	5,044	37,238	470,788	5.01
5.03	00530	PURCHASING RECEIVING AND STORES	0	109,180	1,521	94,831	4,434	5.03
5.05	00540	ADMITTING	2,326,548	126,045	5,379	428,727	12,294	5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	6,280,890	56,969	990	92,275	23,378	5.06
5.07	00551	PATIENT PLACEMENT	523,420	10,326	0	101,843	0	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	59,493,374	935,858	2,051,618	2,160,845	78,598	5.08
7.00	00700	OPERATION OF PLANT	8,689,132	640,799	38,257	534,433	21,161	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	418,429	61,414	151,866	118,944	403	8.00
9.00	00900	HOUSEKEEPING	2,641,343	136,528	16,594	385,640	2,620	9.00
10.00	01000	DIETARY	1,020,548	178,912	20,001	68,512	5,643	10.00
11.00	01100	CAFETERIA	1,628,229	0	0	248,850	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,790,603	12,320	167,207	736,583	5,845	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,417,378	127,445	81,384	254,484	3,225	14.00
15.00	01500	PHARMACY	3,985,738	44,821	20,694	705,988	11,286	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,202,025	70,819	9,748	500,481	29,626	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	206,123	0	0	31,745	605	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,369,385	1,155,932	351,779	3,168,178	44,136	30.00
31.00	03100	INTENSIVE CARE UNIT	7,119,119	302,891	303,625	1,389,009	12,092	31.00
31.02	03102	NICU	3,416,626	90,714	101,981	647,226	8,263	31.02
32.00	03200	CORONARY CARE UNIT	1,480,454	40,333	88,948	224,952	3,426	32.00
40.00	04000	SUBPROVIDER - IPF	946,437	82,696	4,719	245,891	4,031	40.00
41.00	04100	SUBPROVIDER - IRF	2,041,256	252,361	35,194	391,233	10,883	41.00
43.00	04300	NURSERY	811,735	0	0	142,788	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,452,978	313,825	1,545,643	1,292,161	22,169	50.00
51.00	05100	RECOVERY ROOM	1,361,570	66,946	34,330	256,707	3,426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,334,887	172,959	19,053	422,116	3,829	52.00
53.00	05300	ANESTHESIOLOGY	62,386	0	85,151	7,359	806	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,397,538	199,979	833,602	639,899	20,557	54.00
54.02	05402	ULTRASOUND	596,223	13,363	52,521	106,062	806	54.02
54.03	05403	NUCLEAR MEDICINE	1,298,314	50,338	108,550	86,622	1,814	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,067,442	37,082	548,547	145,428	1,209	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,920,791	91,664	1,220,322	272,544	10,681	59.00
60.00	06000	LABORATORY	8,367,236	102,934	270,157	1,031,180	18,541	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,116,024	4,431	6,805	57,992	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,198,279	3,645	53,302	193,289	403	64.00
65.00	06500	RESPIRATORY THERAPY	3,106,207	20,581	107,204	512,270	2,418	65.00
66.00	06600	PHYSICAL THERAPY	2,539,967	42,334	18,171	472,880	6,449	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,174,157	0	6,817	230,749	806	67.00
68.00	06800	SPEECH PATHOLOGY	343,168	0	437	66,376	202	68.00
69.00	06900	ELECTROCARDIOLOGY	2,554,277	32,715	158,389	103,245	8,465	69.00
69.02	06902	CARDIAC REHAB	414,708	54,883	20,681	99,961	4,031	69.02
69.03	06903	DIABETIC EDUCATION	317,506	33,115	1,487	38,468	7,457	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	761,643	51,202	30,439	124,601	1,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,999,035	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,737,476	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,672,443	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,110,809	2,094	29,515	0	806	74.00
76.00	03020	OTHER ANCILLARY	96,599	0	0	18,308	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	579,223	0	2,180	114,577	9,674	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	359,168	7,303	256	61,884	2,418	90.00
90.01	09001	OUTPATIENT PSYCH	20,789	94,823	0	10,406	202	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	220,433	0	9,947	55,827	6,046	90.04
91.00	09100	EMERGENCY	9,642,802	171,895	68,049	1,033,654	19,549	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,565,754	84,404	16,482	218,167	11,084	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	COMMUNICATION	
			0	1.00	2.00	4.00	5.01	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,507,546	0	25,334	160,013	1,612	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	302,132,518	6,141,960	8,731,741	20,543,441	448,820	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	46,514	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,339,960	207,447	25,717	2,215,193	8,263	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	255,055	0	0	0	194.00
194.01	07951	APOTHECARY	4,950,894	1,301	0	95,946	2,418	194.01
194.02	07952	OCCUPATIONAL MEDICINE	404,809	282,368	0	41,047	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	68	0	1,008	194.03
194.04	07954	MARKETING	2,210,356	0	23,265	288,444	6,046	194.04
194.06	07956	MOB	402,323	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	53,450	0	2,752	0	605	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	4,671,462	0	0	23,018	403	194.08
194.09	07959	CONV CARE	3,464,607	0	49,731	528,450	3,225	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	4,322	0	0	194.10
194.11	07961	ST ELIZABETH	0	7,839	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	7,403	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	175,303	0	0	0	194.15
194.17	07967	FOUNDATION	190,318	298,246	0	102,688	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	332,867,211	7,376,922	8,837,596	23,838,227	470,788	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	Subtotal	
			5.03	5.05	5.06	5.07	5A.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES	209,966					5.03
5.05	00540	ADMITTING	3,702	2,902,695				5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	273	0	6,454,775			5.06
5.07	00551	PATIENT PLACEMENT	274	0	0	635,863		5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	34,881	0	0	0	64,755,174	5.08
7.00	00700	OPERATION OF PLANT	15,564	0	0	0	9,939,346	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,763	0	0	0	753,819	8.00
9.00	00900	HOUSEKEEPING	7,267	0	0	0	3,189,992	9.00
10.00	01000	DIETARY	33,939	0	0	0	1,327,555	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,877,079	11.00
13.00	01300	NURSING ADMINISTRATION	4,873	0	0	0	4,717,431	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,983	0	0	0	3,891,899	14.00
15.00	01500	PHARMACY	5,300	0	0	0	4,773,827	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,272	0	0	0	3,813,971	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	273	0	0	0	238,746	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,332	117,876	262,137	0	22,490,755	30.00
31.00	03100	INTENSIVE CARE UNIT	7,231	51,186	113,829	0	9,298,982	31.00
31.02	03102	NICU	2,264	31,845	70,818	0	4,369,737	31.02
32.00	03200	CORONARY CARE UNIT	1,487	7,604	16,910	0	1,864,114	32.00
40.00	04000	SUBPROVIDER - IPF	450	5,533	12,305	0	1,302,062	40.00
41.00	04100	SUBPROVIDER - IRF	1,260	11,129	24,749	0	2,768,065	41.00
43.00	04300	NURSERY	0	4,931	10,965	0	970,419	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,032	451,357	1,003,381	0	39,093,546	50.00
51.00	05100	RECOVERY ROOM	1,489	44,000	97,849	0	1,866,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,135	31,445	69,930	0	3,058,354	52.00
53.00	05300	ANESTHESIOLOGY	21	35,891	79,816	0	271,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,506	152,940	340,115	0	7,587,136	54.00
54.02	05402	ULTRASOUND	1,053	40,779	90,685	0	901,492	54.02
54.03	05403	NUCLEAR MEDICINE	202	58,554	130,214	0	1,734,608	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	632	200,987	446,964	0	2,448,291	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,730	134,737	299,635	0	4,952,104	59.00
60.00	06000	LABORATORY	4,578	191,686	426,280	0	10,412,592	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,386	21,917	48,740	0	3,257,295	63.00
64.00	06400	INTRAVENOUS THERAPY	1,061	22,748	50,587	0	2,523,314	64.00
65.00	06500	RESPIRATORY THERAPY	1,630	71,519	159,048	0	3,980,877	65.00
66.00	06600	PHYSICAL THERAPY	827	48,904	108,756	0	3,238,288	66.00
67.00	06700	OCCUPATIONAL THERAPY	43	23,152	51,487	0	1,487,211	67.00
68.00	06800	SPEECH PATHOLOGY	9	10,424	23,182	0	443,798	68.00
69.00	06900	ELECTROCARDIOLOGY	655	92,755	206,274	0	3,156,775	69.00
69.02	06902	CARDIAC REHAB	273	2,340	5,203	0	602,080	69.02
69.03	06903	DIABETIC EDUCATION	39	680	1,511	0	400,263	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,557	19,148	42,582	0	1,032,583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	213,468	474,720	0	11,687,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	233,001	518,159	0	17,488,636	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	267,134	594,065	0	13,533,642	73.00
74.00	07400	RENAL DIALYSIS	237	8,824	19,623	0	1,171,908	74.00
76.00	03020	OTHER ANCILLARY	63	2,938	6,533	0	124,441	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1,454	1,703	3,788	0	712,599	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	304	2,866	6,374	0	440,573	90.00
90.01	09001	OUTPATIENT PSYCH	7	911	2,026	0	129,164	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	248	584	1,298	0	294,383	90.04
91.00	09100	EMERGENCY	8,399	222,660	495,160	0	11,662,168	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	2,429	42,114	93,655	0	2,034,089	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	528	20,425	45,422	0	2,760,880	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	Subtotal	
			5.03	5.05	5.06	5.07	5A.07	
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	201,915	2,902,695	6,454,775	0	296,831,033	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	46,514	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,107	0	0	0	16,799,687	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	255,055	194.00
194.01	07951	APOTHECARY	814	0	0	0	5,051,373	194.01
194.02	07952	OCCUPATIONAL MEDICINE	26	0	0	0	728,250	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	1,076	194.03
194.04	07954	MARKETING	1,572	0	0	0	2,529,683	194.04
194.06	07956	MOB	0	0	0	0	402,323	194.06
194.07	07957	SENIOR PARTNERS	108	0	0	635,863	692,778	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	101	0	0	0	4,694,984	194.08
194.09	07959	CONV CARE	2,131	0	0	0	4,048,144	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	4,322	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	7,839	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	7,403	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	175,303	194.15
194.17	07967	FOUNDATION	192	0	0	0	591,444	194.17
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	209,966	2,902,695	6,454,775	635,863	332,867,211	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	MISC ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.08	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	64,755,174					5.08
7.00	00700	OPERATION OF PLANT	2,400,581	12,339,927				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	182,065	111,888	1,047,772			8.00
9.00	00900	HOUSEKEEPING	770,456	248,735	0	4,209,183		9.00
10.00	01000	DIETARY	320,635	325,952	0	114,530	2,088,672	10.00
11.00	01100	CAFETERIA	453,358	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,139,368	44,656	0	15,691	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	939,983	232,187	0	81,584	0	14.00
15.00	01500	PHARMACY	1,152,989	81,657	0	28,692	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	921,162	166,726	0	58,583	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	57,663	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,432,035	2,108,301	398,299	740,798	1,699,744	30.00
31.00	03100	INTENSIVE CARE UNIT	2,245,918	551,825	103,951	193,895	89,397	31.00
31.02	03102	NICU	1,055,392	165,268	28,409	58,070	0	31.02
32.00	03200	CORONARY CARE UNIT	450,226	73,481	16,635	25,819	45,078	32.00
40.00	04000	SUBPROVIDER - IPF	314,478	150,660	0	52,938	59,874	40.00
41.00	04100	SUBPROVIDER - IRF	668,551	459,765	32,792	161,548	164,596	41.00
43.00	04300	NURSERY	234,379	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,441,938	609,579	116,372	214,188	0	50.00
51.00	05100	RECOVERY ROOM	450,758	198,962	40,492	69,909	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	738,663	315,107	44,999	110,720	0	52.00
53.00	05300	ANESTHESIOLOGY	65,557	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,832,468	465,650	22,216	163,616	0	54.00
54.02	05402	ULTRASOUND	217,731	39,357	0	13,829	0	54.02
54.03	05403	NUCLEAR MEDICINE	418,948	144,645	2,768	50,824	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	591,319	101,186	17,287	35,554	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,196,047	166,999	14,359	58,679	0	59.00
60.00	06000	LABORATORY	2,514,880	337,943	0	118,743	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	786,712	8,072	0	2,836	0	63.00
64.00	06400	INTRAVENOUS THERAPY	609,438	6,640	0	2,333	15,589	64.00
65.00	06500	RESPIRATORY THERAPY	961,473	37,496	0	13,175	0	65.00
66.00	06600	PHYSICAL THERAPY	782,121	195,004	7,278	68,519	782	66.00
67.00	06700	OCCUPATIONAL THERAPY	359,196	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	107,187	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	762,434	64,055	6,983	22,507	0	69.00
69.02	06902	CARDIAC REHAB	145,416	197,334	6,578	69,338	0	69.02
69.03	06903	DIABETIC EDUCATION	96,673	160,112	0	56,259	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	249,393	93,284	3,094	32,777	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,822,733	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,223,908	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,268,686	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	283,043	3,815	1,208	1,340	0	74.00
76.00	03020	OTHER ANCILLARY	30,055	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	172,109	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	106,409	69,289	24,603	24,346	0	90.00
90.01	09001	OUTPATIENT PSYCH	31,196	243,657	0	85,614	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	71,100	0	112	0	0	90.04
91.00	09100	EMERGENCY	2,816,682	313,167	129,218	110,038	69	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	491,279	153,771	28,310	54,031	13,543	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	666,816	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	MISC ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	56,051,607	8,646,225	1,045,963	2,911,323	2,088,672	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	11,234	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,057,511	412,869	647	145,070	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	61,602	464,673	0	163,273	0	194.00
194.01	07951	APOTHECARY	1,220,023	39,865	0	14,007	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	175,889	514,433	0	180,757	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	260	4,127	64	1,450	0	194.03
194.04	07954	MARKETING	610,977	35,087	0	12,329	0	194.04
194.06	07956	MOB	97,170	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	167,322	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	1,133,947	0	0	0	0	194.08
194.09	07959	CONV CARE	977,720	94,468	1,098	33,193	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	1,044	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,893	14,282	0	5,018	0	194.11
194.14	07964	FREE STANDING CATH LAB	1,788	13,488	0	4,739	0	194.14
194.15	07965	FAMILY PRACTICE	42,340	1,050,114	0	368,980	0	194.15
194.17	07967	FOUNDATION	142,847	1,050,296	0	369,044	0	194.17
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)	64,755,174	12,339,927	1,047,772	4,209,183	2,088,672	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL						5.08
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,330,437					11.00
13.00	01300	NURSING ADMINISTRATION	113,433	6,030,579				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47,391	0	5,193,044			14.00
15.00	01500	PHARMACY	67,774	0	0	6,104,939		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,984	0	0	0	5,053,426	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,234	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	462,368	1,958,715	0	0	205,223	30.00
31.00	03100	INTENSIVE CARE UNIT	169,160	607,685	0	0	89,115	31.00
31.02	03102	NICU	72,659	0	0	0	55,442	31.02
32.00	03200	CORONARY CARE UNIT	25,811	119,434	0	0	13,239	32.00
40.00	04000	SUBPROVIDER - IPF	21,409	242,323	0	0	9,633	40.00
41.00	04100	SUBPROVIDER - IRF	48,661	252,238	0	0	19,375	41.00
43.00	04300	NURSERY	18,389	0	0	0	8,584	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	149,727	393,906	0	0	785,603	50.00
51.00	05100	RECOVERY ROOM	27,571	183,582	0	0	76,605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,726	264,407	0	0	54,747	52.00
53.00	05300	ANESTHESIOLOGY	1,285	0	0	0	62,487	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,210	0	0	0	266,271	54.00
54.02	05402	ULTRASOUND	11,473	0	0	0	70,996	54.02
54.03	05403	NUCLEAR MEDICINE	8,961	0	0	0	101,943	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	15,984	0	0	0	349,922	57.00
59.00	05900	CARDIAC CATHETERIZATION	28,147	250,435	0	0	234,580	59.00
60.00	06000	LABORATORY	154,146	0	0	0	333,729	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,099	0	0	0	38,158	63.00
64.00	06400	INTRAVENOUS THERAPY	22,105	100,354	0	0	39,604	64.00
65.00	06500	RESPIRATORY THERAPY	60,488	0	0	0	124,516	65.00
66.00	06600	PHYSICAL THERAPY	56,420	0	0	0	85,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,662	0	0	0	40,308	67.00
68.00	06800	SPEECH PATHOLOGY	6,598	0	0	0	18,149	68.00
69.00	06900	ELECTROCARDIOLOGY	15,498	80,374	0	0	161,489	69.00
69.02	06902	CARDIAC REHAB	11,653	225,647	0	0	4,073	69.02
69.03	06903	DIABETIC EDUCATION	5,345	0	0	0	1,183	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	19,931	0	0	0	33,337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,059,327	0	371,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,133,717	0	405,660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,104,939	465,086	73.00
74.00	07400	RENAL DIALYSIS	1,196	136,109	0	0	15,363	74.00
76.00	03020	OTHER ANCILLARY	1,888	26,891	0	0	5,115	76.00
76.01	03021	MOBILE OUTREACH CLINIC	16,116	0	0	0	2,966	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,288	0	0	0	4,990	90.00
90.01	09001	OUTPATIENT PSYCH	1,084	0	0	0	1,587	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	7,115	0	0	0	1,017	90.04
91.00	09100	EMERGENCY	139,298	724,715	0	0	387,654	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	24,078	170,062	0	0	73,321	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	14,361	293,702	0	0	35,560	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,112,726	6,030,579	5,193,044	6,104,939	5,053,426	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	107,812	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	9,086	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	5,181	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	30,606	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	224	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	2,722	0	0	0	0	194.08
194.09	07959	CONV CARE	51,166	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION	10,914	0	0	0	0	194.17
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)	2,330,437	6,030,579	5,193,044	6,104,939	5,053,426	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			21.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL						5.08
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	301,643					21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	301,643	35,797,881	-301,643	35,496,238		30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,349,928	0	13,349,928		31.00
31.02	03102	NICU	0	5,804,977	0	5,804,977		31.02
32.00	03200	CORONARY CARE UNIT	0	2,633,837	0	2,633,837		32.00
40.00	04000	SUBPROVIDER - IPF	0	2,153,377	0	2,153,377		40.00
41.00	04100	SUBPROVIDER - IRF	0	4,575,591	0	4,575,591		41.00
43.00	04300	NURSERY	0	1,231,771	0	1,231,771		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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	50,804,859	0	50,804,859		50.00
51.00	05100	RECOVERY ROOM	0	2,914,196	0	2,914,196		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,635,723	0	4,635,723		52.00
53.00	05300	ANESTHESIOLOGY	0	400,759	0	400,759		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,415,567	0	10,415,567		54.00
54.02	05402	ULTRASOUND	0	1,254,878	0	1,254,878		54.02
54.03	05403	NUCLEAR MEDICINE	0	2,462,697	0	2,462,697		54.03
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	3,559,543	0	3,559,543		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,901,350	0	6,901,350		59.00
60.00	06000	LABORATORY	0	13,872,033	0	13,872,033		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,099,172	0	4,099,172		63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,319,377	0	3,319,377		64.00
65.00	06500	RESPIRATORY THERAPY	0	5,178,025	0	5,178,025		65.00
66.00	06600	PHYSICAL THERAPY	0	4,433,556	0	4,433,556		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,913,377	0	1,913,377		67.00
68.00	06800	SPEECH PATHOLOGY	0	575,732	0	575,732		68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,270,115	0	4,270,115		69.00
69.02	06902	CARDIAC REHAB	0	1,262,119	0	1,262,119		69.02
69.03	06903	DIABETIC EDUCATION	0	719,835	0	719,835		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,464,399	0	1,464,399		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,940,935	0	16,940,935		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,251,921	0	25,251,921		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,372,353	0	23,372,353		73.00
74.00	07400	RENAL DIALYSIS	0	1,613,982	0	1,613,982		74.00
76.00	03020	OTHER ANCILLARY	0	188,390	0	188,390		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	903,790	0	903,790		76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	677,498	0	677,498		90.00
90.01	09001	OUTPATIENT PSYCH	0	492,302	0	492,302		90.01
90.02	09002	PEDS CLINIC	0	0	0	0		90.02
90.04	09004	BARIATRICS	0	373,727	0	373,727		90.04
91.00	09100	EMERGENCY	0	16,283,009	0	16,283,009		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	3,042,484	0	3,042,484		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			21.00	24.00	25.00	26.00		
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	3,771,319	0	3,771,319		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	301,643	282,916,384	-301,643	282,614,741		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	57,748	0	57,748		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,523,596	0	21,523,596		192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	944,603	0	944,603		194.00
194.01	07951	APOTHECARY	0	6,334,354	0	6,334,354		194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	1,604,510	0	1,604,510		194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	6,977	0	6,977		194.03
194.04	07954	MARKETING	0	3,218,682	0	3,218,682		194.04
194.06	07956	MOB	0	499,493	0	499,493		194.06
194.07	07957	SENIOR PARTNERS	0	860,324	0	860,324		194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	5,831,653	0	5,831,653		194.08
194.09	07959	CONV CARE	0	5,205,789	0	5,205,789		194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	5,366	0	5,366		194.10
194.11	07961	ST ELIZABETH	0	29,032	0	29,032		194.11
194.14	07964	FREE STANDING CATH LAB	0	27,418	0	27,418		194.14
194.15	07965	FAMILY PRACTICE	0	1,636,737	0	1,636,737		194.15
194.17	07967	FOUNDATION	0	2,164,545	0	2,164,545		194.17
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	301,643	332,867,211	-301,643	332,565,568		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	43,242	1,821	45,063	45,063	4.00
5.01	00510	COMMUNICATION	0	9,840	5,044	14,884	70	5.01
5.03	00530	PURCHASING RECEIVING AND STORES	0	109,180	1,521	110,701	179	5.03
5.05	00540	ADMITTING	0	126,045	5,379	131,424	809	5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	56,969	990	57,959	174	5.06
5.07	00551	PATIENT PLACEMENT	0	10,326	0	10,326	192	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	0	935,858	2,051,618	2,987,476	4,080	5.08
7.00	00700	OPERATION OF PLANT	0	640,799	38,257	679,056	1,009	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	61,414	151,866	213,280	225	8.00
9.00	00900	HOUSEKEEPING	0	136,528	16,594	153,122	728	9.00
10.00	01000	DIETARY	0	178,912	20,001	198,913	129	10.00
11.00	01100	CAFETERIA	0	0	0	0	470	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,320	167,207	179,527	1,391	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	127,445	81,384	208,829	480	14.00
15.00	01500	PHARMACY	0	44,821	20,694	65,515	1,333	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	70,819	9,748	80,567	945	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	60	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,155,932	351,779	1,507,711	6,038	30.00
31.00	03100	INTENSIVE CARE UNIT	0	302,891	303,625	606,516	2,622	31.00
31.02	03102	NICU	0	90,714	101,981	192,695	1,222	31.02
32.00	03200	CORONARY CARE UNIT	0	40,333	88,948	129,281	425	32.00
40.00	04000	SUBPROVIDER - IPF	0	82,696	4,719	87,415	464	40.00
41.00	04100	SUBPROVIDER - IRF	0	252,361	35,194	287,555	739	41.00
43.00	04300	NURSERY	0	0	0	0	270	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	313,825	1,545,643	1,859,468	2,439	50.00
51.00	05100	RECOVERY ROOM	0	66,946	34,330	101,276	485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	172,959	19,053	192,012	797	52.00
53.00	05300	ANESTHESIOLOGY	0	0	85,151	85,151	14	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	199,979	833,602	1,033,581	1,208	54.00
54.02	05402	ULTRASOUND	0	13,363	52,521	65,884	200	54.02
54.03	05403	NUCLEAR MEDICINE	0	50,338	108,550	158,888	164	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	37,082	548,547	585,629	275	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	91,664	1,220,322	1,311,986	515	59.00
60.00	06000	LABORATORY	0	102,934	270,157	373,091	1,947	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,431	6,805	11,236	109	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,645	53,302	56,947	365	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,581	107,204	127,785	967	65.00
66.00	06600	PHYSICAL THERAPY	0	42,334	18,171	60,505	893	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,817	6,817	436	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	437	437	125	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,715	158,389	191,104	195	69.00
69.02	06902	CARDIAC REHAB	0	54,883	20,681	75,564	189	69.02
69.03	06903	DIABETIC EDUCATION	0	33,115	1,487	34,602	73	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,202	30,439	81,641	235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	2,094	29,515	31,609	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	35	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	2,180	2,180	216	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	7,303	256	7,559	117	90.00
90.01	09001	OUTPATIENT PSYCH	0	94,823	0	94,823	20	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	9,947	9,947	105	90.04
91.00	09100	EMERGENCY	0	171,895	68,049	239,944	1,951	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	84,404	16,482	100,886	412	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	25,334	25,334	302	95.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			0	1.00	2.00	2A	4.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,141,960	8,731,741	14,873,701	38,843	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	207,447	25,717	233,164	4,182	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	255,055	0	255,055	0	194.00
194.01	07951	APOTHECARY	0	1,301	0	1,301	181	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	282,368	0	282,368	77	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	68	68	0	194.03
194.04	07954	MARKETING	0	0	23,265	23,265	545	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	2,752	2,752	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	43	194.08
194.09	07959	CONV CARE	0	0	49,731	49,731	998	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	4,322	4,322	0	194.10
194.11	07961	ST ELIZABETH	0	7,839	0	7,839	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	7,403	0	7,403	0	194.14
194.15	07965	FAMILY PRACTICE	0	175,303	0	175,303	0	194.15
194.17	07967	FOUNDATION	0	298,246	0	298,246	194	194.17
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	7,376,922	8,837,596	16,214,518	45,063	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	COMMUNICATION	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	
			5.01	5.03	5.05	5.06	5.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION	14,954					5.01
5.03	00530	PURCHASING RECEIVING AND STORES	141	111,021				5.03
5.05	00540	ADMITTING	390	1,957	134,580			5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	743	144	0	59,020		5.06
5.07	00551	PATIENT PLACEMENT	0	145	0	0	10,663	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	2,497	18,441	0	0	0	5.08
7.00	00700	OPERATION OF PLANT	672	8,229	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13	1,461	0	0	0	8.00
9.00	00900	HOUSEKEEPING	83	3,843	0	0	0	9.00
10.00	01000	DIETARY	179	17,946	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	186	2,577	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	102	4,221	0	0	0	14.00
15.00	01500	PHARMACY	358	2,803	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	941	673	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	19	144	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,402	11,280	5,445	2,420	0	30.00
31.00	03100	INTENSIVE CARE UNIT	384	3,823	2,364	1,051	0	31.00
31.02	03102	NICU	262	1,197	1,471	654	0	31.02
32.00	03200	CORONARY CARE UNIT	109	786	351	156	0	32.00
40.00	04000	SUBPROVIDER - IPF	128	238	256	114	0	40.00
41.00	04100	SUBPROVIDER - IRF	346	666	514	228	0	41.00
43.00	04300	NURSERY	0	0	228	101	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	704	6,362	21,353	8,697	0	50.00
51.00	05100	RECOVERY ROOM	109	787	2,032	903	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122	2,187	1,452	646	0	52.00
53.00	05300	ANESTHESIOLOGY	26	11	1,658	737	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	653	1,325	7,064	3,140	0	54.00
54.02	05402	ULTRASOUND	26	557	1,884	837	0	54.02
54.03	05403	NUCLEAR MEDICINE	58	107	2,705	1,202	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	38	334	9,284	4,126	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	339	915	6,224	2,766	0	59.00
60.00	06000	LABORATORY	589	2,421	8,854	3,935	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	733	1,012	450	0	63.00
64.00	06400	INTRAVENOUS THERAPY	13	561	1,051	467	0	64.00
65.00	06500	RESPIRATORY THERAPY	77	862	3,303	1,468	0	65.00
66.00	06600	PHYSICAL THERAPY	205	437	2,259	1,004	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	26	23	1,069	475	0	67.00
68.00	06800	SPEECH PATHOLOGY	6	5	482	214	0	68.00
69.00	06900	ELECTROCARDIOLOGY	269	346	4,284	1,904	0	69.00
69.02	06902	CARDIAC REHAB	128	144	108	48	0	69.02
69.03	06903	DIABETIC EDUCATION	237	21	31	14	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	45	823	884	393	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,860	4,382	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	10,762	4,783	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,339	5,484	0	73.00
74.00	07400	RENAL DIALYSIS	26	125	408	181	0	74.00
76.00	03020	OTHER ANCILLARY	0	33	136	60	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	307	769	79	35	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	77	161	132	59	0	90.00
90.01	09001	OUTPATIENT PSYCH	6	4	42	19	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	192	131	27	12	0	90.04
91.00	09100	EMERGENCY	621	4,441	10,285	4,571	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	352	1,285	1,945	865	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	51	279	943	419	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	COMMUNICATION	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	
			5.01	5.03	5.05	5.06	5.07	
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,257	106,763	134,580	59,020	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	262	1,643	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	77	431	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	14	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	32	0	0	0	0	194.03
194.04	07954	MARKETING	192	831	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	19	57	0	0	10,663	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	13	54	0	0	0	194.08
194.09	07959	CONV CARE	102	1,127	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION	0	101	0	0	0	194.17
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)	14,954	111,021	134,580	59,020	10,663	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	MISC ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.08	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	3,012,494					5.08
7.00	00700	OPERATION OF PLANT	111,678	800,644				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,470	7,260	230,709			8.00
9.00	00900	HOUSEKEEPING	35,843	16,138	0	209,757		9.00
10.00	01000	DIETARY	14,916	21,149	0	5,707	258,939	10.00
11.00	01100	CAFETERIA	21,091	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	53,005	2,897	0	782	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,729	15,065	0	4,066	0	14.00
15.00	01500	PHARMACY	53,639	5,298	0	1,430	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,854	10,818	0	2,919	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,683	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	252,706	136,788	87,700	36,916	210,722	30.00
31.00	03100	INTENSIVE CARE UNIT	104,483	35,804	22,889	9,662	11,083	31.00
31.02	03102	NICU	49,098	10,723	6,255	2,894	0	31.02
32.00	03200	CORONARY CARE UNIT	20,945	4,768	3,663	1,287	5,588	32.00
40.00	04000	SUBPROVIDER - IPF	14,630	9,775	0	2,638	7,423	40.00
41.00	04100	SUBPROVIDER - IRF	31,102	29,831	7,221	8,050	20,405	41.00
43.00	04300	NURSERY	10,904	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	439,241	39,551	25,624	10,674	0	50.00
51.00	05100	RECOVERY ROOM	20,970	12,909	8,916	3,484	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,364	20,445	9,908	5,518	0	52.00
53.00	05300	ANESTHESIOLOGY	3,050	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,249	30,212	4,892	8,154	0	54.00
54.02	05402	ULTRASOUND	10,129	2,554	0	689	0	54.02
54.03	05403	NUCLEAR MEDICINE	19,490	9,385	609	2,533	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	27,509	6,565	3,806	1,772	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	55,642	10,835	3,162	2,924	0	59.00
60.00	06000	LABORATORY	116,996	21,927	0	5,917	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,599	524	0	141	0	63.00
64.00	06400	INTRAVENOUS THERAPY	28,352	431	0	116	1,933	64.00
65.00	06500	RESPIRATORY THERAPY	44,729	2,433	0	657	0	65.00
66.00	06600	PHYSICAL THERAPY	36,385	12,652	1,603	3,415	97	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,710	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,987	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	35,470	4,156	1,538	1,122	0	69.00
69.02	06902	CARDIAC REHAB	6,765	12,804	1,448	3,455	0	69.02
69.03	06903	DIABETIC EDUCATION	4,497	10,388	0	2,804	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	11,602	6,052	681	1,633	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	131,318	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	196,502	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	152,064	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,168	248	266	67	0	74.00
76.00	03020	OTHER ANCILLARY	1,398	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	8,007	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,950	4,496	5,417	1,213	0	90.00
90.01	09001	OUTPATIENT PSYCH	1,451	15,809	0	4,266	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	3,308	0	25	0	0	90.04
91.00	09100	EMERGENCY	131,036	20,319	28,453	5,484	9	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	22,855	9,977	6,234	2,693	1,679	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	31,021	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	MISC ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.08	7.00	8.00	9.00	10.00	
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,607,590	560,986	230,310	145,082	258,939	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	523	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	188,761	26,788	143	7,229	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,866	30,149	0	8,136	0	194.00
194.01	07951	APOTHECARY	56,757	2,587	0	698	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	8,183	33,378	0	9,008	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	12	268	14	72	0	194.03
194.04	07954	MARKETING	28,424	2,277	0	614	0	194.04
194.06	07956	MOB	4,521	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	7,784	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	52,753	0	0	0	0	194.08
194.09	07959	CONV CARE	45,485	6,129	242	1,654	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	49	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	88	927	0	250	0	194.11
194.14	07964	FREE STANDING CATH LAB	83	875	0	236	0	194.14
194.15	07965	FAMILY PRACTICE	1,970	68,134	0	18,387	0	194.15
194.17	07967	FOUNDATION	6,645	68,146	0	18,391	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,012,494	800,644	230,709	209,757	258,939	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL						5.08
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	21,561					11.00
13.00	01300	NURSING ADMINISTRATION	1,049	241,414				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	438	0	276,930			14.00
15.00	01500	PHARMACY	627	0	0	131,003		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	860	0	0	0	140,577	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	48	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,282	78,409	0	0	5,724	30.00
31.00	03100	INTENSIVE CARE UNIT	1,565	24,327	0	0	2,486	31.00
31.02	03102	NICU	672	0	0	0	1,546	31.02
32.00	03200	CORONARY CARE UNIT	239	4,781	0	0	369	32.00
40.00	04000	SUBPROVIDER - IPF	198	9,701	0	0	269	40.00
41.00	04100	SUBPROVIDER - IRF	450	10,098	0	0	540	41.00
43.00	04300	NURSERY	170	0	0	0	239	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,385	15,769	0	0	21,542	50.00
51.00	05100	RECOVERY ROOM	255	7,349	0	0	2,137	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	451	10,585	0	0	1,527	52.00
53.00	05300	ANESTHESIOLOGY	12	0	0	0	1,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	724	0	0	0	7,427	54.00
54.02	05402	ULTRASOUND	106	0	0	0	1,980	54.02
54.03	05403	NUCLEAR MEDICINE	83	0	0	0	2,843	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	148	0	0	0	9,760	57.00
59.00	05900	CARDIAC CATHETERIZATION	260	10,025	0	0	6,543	59.00
60.00	06000	LABORATORY	1,426	0	0	0	9,308	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	56	0	0	0	1,064	63.00
64.00	06400	INTRAVENOUS THERAPY	205	4,017	0	0	1,105	64.00
65.00	06500	RESPIRATORY THERAPY	560	0	0	0	3,473	65.00
66.00	06600	PHYSICAL THERAPY	522	0	0	0	2,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	247	0	0	0	1,124	67.00
68.00	06800	SPEECH PATHOLOGY	61	0	0	0	506	68.00
69.00	06900	ELECTROCARDIOLOGY	143	3,217	0	0	4,504	69.00
69.02	06902	CARDIAC REHAB	108	9,033	0	0	114	69.02
69.03	06903	DIABETIC EDUCATION	49	0	0	0	33	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	184	0	0	0	930	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	109,814	0	10,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	167,116	0	11,314	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	131,003	12,972	73.00
74.00	07400	RENAL DIALYSIS	11	5,449	0	0	428	74.00
76.00	03020	OTHER ANCILLARY	17	1,077	0	0	143	76.00
76.01	03021	MOBILE OUTREACH CLINIC	149	0	0	0	83	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	67	0	0	0	139	90.00
90.01	09001	OUTPATIENT PSYCH	10	0	0	0	44	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	66	0	0	0	28	90.04
91.00	09100	EMERGENCY	1,289	29,012	0	0	10,812	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	223	6,808	0	0	2,045	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	133	11,757	0	0	992	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,548	241,414	276,930	131,003	140,577	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	997	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	84	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	48	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	283	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	2	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	25	0	0	0	0	194.08
194.09	07959	CONV CARE	473	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION	101	0	0	0	0	194.17
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)	21,561	241,414	276,930	131,003	140,577	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			21.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL						5.08
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,954					21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		2,347,543	0	2,347,543		30.00
31.00	03100	INTENSIVE CARE UNIT		829,059	0	829,059		31.00
31.02	03102	NICU		268,689	0	268,689		31.02
32.00	03200	CORONARY CARE UNIT		172,748	0	172,748		32.00
40.00	04000	SUBPROVIDER - IPF		133,249	0	133,249		40.00
41.00	04100	SUBPROVIDER - IRF		397,745	0	397,745		41.00
43.00	04300	NURSERY		11,912	0	11,912		43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0		44.00
45.00	04500	NURSING FACILITY		0	0	0		45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,452,809	0	2,452,809		50.00
51.00	05100	RECOVERY ROOM		161,612	0	161,612		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		280,014	0	280,014		52.00
53.00	05300	ANESTHESIOLOGY		92,402	0	92,402		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,183,629	0	1,183,629		54.00
54.02	05402	ULTRASOUND		84,846	0	84,846		54.02
54.03	05403	NUCLEAR MEDICINE		198,067	0	198,067		54.03
56.00	05600	RADIOISOTOPE		0	0	0		56.00
57.00	05700	CT SCAN		649,246	0	649,246		57.00
59.00	05900	CARDIAC CATHETERIZATION		1,412,136	0	1,412,136		59.00
60.00	06000	LABORATORY		546,411	0	546,411		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		51,924	0	51,924		63.00
64.00	06400	INTRAVENOUS THERAPY		95,563	0	95,563		64.00
65.00	06500	RESPIRATORY THERAPY		186,314	0	186,314		65.00
66.00	06600	PHYSICAL THERAPY		122,352	0	122,352		66.00
67.00	06700	OCCUPATIONAL THERAPY		26,927	0	26,927		67.00
68.00	06800	SPEECH PATHOLOGY		6,823	0	6,823		68.00
69.00	06900	ELECTROCARDIOLOGY		248,252	0	248,252		69.00
69.02	06902	CARDIAC REHAB		109,908	0	109,908		69.02
69.03	06903	DIABETIC EDUCATION		52,749	0	52,749		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		105,103	0	105,103		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		265,740	0	265,740		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		390,477	0	390,477		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		313,862	0	313,862		73.00
74.00	07400	RENAL DIALYSIS		51,986	0	51,986		74.00
76.00	03020	OTHER ANCILLARY		2,899	0	2,899		76.00
76.01	03021	MOBILE OUTREACH CLINIC		11,825	0	11,825		76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0		89.00
90.00	09000	CLINIC		24,387	0	24,387		90.00
90.01	09001	OUTPATIENT PSYCH		116,494	0	116,494		90.01
90.02	09002	PEDS CLINIC		0	0	0		90.02
90.04	09004	BARIATRICS		13,841	0	13,841		90.04
91.00	09100	EMERGENCY		488,227	0	488,227		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		158,259	0	158,259		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			21.00	24.00	25.00	26.00		
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		71,231	0	71,231		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0		97.00
99.00	09900	CMHC		0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY		0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION		0	0	0		106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	14,137,260	0	14,137,260		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH		523	0	523		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		463,169	0	463,169		192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		296,206	0	296,206		194.00
194.01	07951	APOTHECARY		62,116	0	62,116		194.01
194.02	07952	OCCUPATIONAL MEDICINE		333,076	0	333,076		194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT		466	0	466		194.03
194.04	07954	MARKETING		56,431	0	56,431		194.04
194.06	07956	MOB		4,521	0	4,521		194.06
194.07	07957	SENIOR PARTNERS		21,277	0	21,277		194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT		52,888	0	52,888		194.08
194.09	07959	CONV CARE		105,941	0	105,941		194.09
194.10	07960	EMPLOYEE FITNESS CENTER		4,371	0	4,371		194.10
194.11	07961	ST ELIZABETH		9,104	0	9,104		194.11
194.14	07964	FREE STANDING CATH LAB		8,597	0	8,597		194.14
194.15	07965	FAMILY PRACTICE		263,794	0	263,794		194.15
194.17	07967	FOUNDATION		391,824	0	391,824		194.17
200.00		Cross Foot Adjustments	2,954	2,954	0	2,954		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	2,954	16,214,518	0	16,214,518		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (HOSPITAL SQUARE FEE)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATION (NON-PATIENT PHONES)	PURCHASING RECEIVING AND STORES (NON-CHARGE SUPPLY EX)	
			1.00	2.00	4.00	5.01	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,032,287					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,483,257				2.00
4.00	00400	EMPLOYEE BENEFITS	6,051	1,542	120,655,916			4.00
5.01	00510	COMMUNICATION	1,377	4,271	188,478	2,336		5.01
5.03	00530	PURCHASING RECEIVING AND STORES	15,278	1,288	479,982	22	5,168,667	5.03
5.05	00540	ADMITTING	17,638	4,555	2,169,979	61	91,122	5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	7,972	838	467,043	116	6,709	5.06
5.07	00551	PATIENT PLACEMENT	1,445	0	515,474	0	6,750	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	130,959	1,737,213	10,937,002	390	858,681	5.08
7.00	00700	OPERATION OF PLANT	89,670	32,394	2,705,004	105	383,121	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	128,593	602,031	2	68,026	8.00
9.00	00900	HOUSEKEEPING	19,105	14,051	1,951,895	13	178,897	9.00
10.00	01000	DIETARY	25,036	16,936	346,771	28	835,472	10.00
11.00	01100	CAFETERIA	0	0	1,259,540	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,724	141,583	3,728,176	29	119,959	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	68,912	1,288,056	16	196,513	14.00
15.00	01500	PHARMACY	6,272	17,523	3,573,320	56	130,475	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,910	8,254	2,533,159	147	31,319	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	160,675	3	6,724	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	161,755	297,870	16,035,576	219	525,130	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	257,095	7,030,395	60	177,993	31.00
31.02	03102	NICU	12,694	86,353	3,275,898	41	55,740	31.02
32.00	03200	CORONARY CARE UNIT	5,644	75,317	1,138,584	17	36,598	32.00
40.00	04000	SUBPROVIDER - IPF	11,572	3,996	1,244,565	20	11,085	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	29,801	1,980,204	54	31,007	41.00
43.00	04300	NURSERY	0	0	722,716	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,915	1,308,777	6,540,203	110	296,175	50.00
51.00	05100	RECOVERY ROOM	9,368	29,069	1,299,308	17	36,655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	16,133	2,136,515	19	101,801	52.00
53.00	05300	ANESTHESIOLOGY	0	72,102	37,249	4	519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,984	705,854	3,238,816	102	61,694	54.00
54.02	05402	ULTRASOUND	1,870	44,472	536,827	4	25,924	54.02
54.03	05403	NUCLEAR MEDICINE	7,044	91,915	438,432	9	4,963	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	5,189	464,483	736,076	6	15,565	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	1,033,310	1,379,468	53	42,576	59.00
60.00	06000	LABORATORY	14,404	228,756	5,219,260	92	112,687	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	5,762	293,524	0	34,114	63.00
64.00	06400	INTRAVENOUS THERAPY	510	45,134	978,323	2	26,111	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	90,775	2,592,828	12	40,115	65.00
66.00	06600	PHYSICAL THERAPY	5,924	15,386	2,393,459	32	20,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,772	1,167,926	4	1,069	67.00
68.00	06800	SPEECH PATHOLOGY	0	370	335,957	1	227	68.00
69.00	06900	ELECTROCARDIOLOGY	4,578	134,116	522,567	42	16,125	69.00
69.02	06902	CARDIAC REHAB	7,680	17,512	505,947	20	6,715	69.02
69.03	06903	DIABETIC EDUCATION	4,634	1,259	194,706	37	971	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	25,774	630,661	7	38,317	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	293	24,992	0	4	5,829	74.00
76.00	03020	OTHER ANCILLARY	0	0	92,664	0	1,559	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	1,846	579,923	48	35,790	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,022	217	313,222	12	7,474	90.00
90.01	09001	OUTPATIENT PSYCH	13,269	0	52,670	1	175	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	8,423	282,567	30	6,102	90.04
91.00	09100	EMERGENCY	24,054	57,621	5,231,783	97	206,756	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	13,956	1,104,238	55	59,801	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (HOSPITAL SQUARE FEE)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATION (NON-PATIENT PHONES)	PURCHASING RECEIVING AND STORES (NON-CHARGE SUPPLY EX)	
			1.00	2.00	4.00	5.01	5.03	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	21,452	809,896	8	12,998	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	859,473	7,393,623	103,979,538	2,227	4,970,476	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,029	21,776	11,212,079	41	76,475	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	35,691	0	0	0	0	194.00
194.01	07951	APOTHECARY	182	0	485,626	12	20,045	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	0	207,756	0	632	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	58	0	5	0	194.03
194.04	07954	MARKETING	0	19,700	1,459,943	30	38,697	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	2,330	0	3	2,667	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	116,504	2	2,498	194.08
194.09	07959	CONV CARE	0	42,110	2,674,721	16	52,454	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	3,660	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	24,531	0	0	0	0	194.15
194.17	07967	FOUNDATION	41,735	0	519,749	0	4,723	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,376,922	8,837,596	23,838,227	470,788	209,966	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.146193	1.180983	0.197572	201.535959	0.040623	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			45,063	14,954	111,021	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000373	6.401541	0.021480	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	PATIENT PLACEMENT (ASSIGNED TIME)	Reconciliation	MISC ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.05	5.06	5.07	5A.08	5.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING	1,145,926,923					5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,145,926,923				5.06
5.07	00551	PATIENT PLACEMENT	0	0	100			5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	0	0	0	-64,755,174	268,112,037	5.08
7.00	00700	OPERATION OF PLANT	0	0	0	0	9,939,346	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	753,819	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,189,992	9.00
10.00	01000	DIETARY	0	0	0	0	1,327,555	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,877,079	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,717,431	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,891,899	14.00
15.00	01500	PHARMACY	0	0	0	0	4,773,827	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,813,971	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	238,746	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,535,935	46,535,935	0	0	22,490,755	30.00
31.00	03100	INTENSIVE CARE UNIT	20,207,570	20,207,570	0	0	9,298,982	31.00
31.02	03102	NICU	12,571,919	12,571,919	0	0	4,369,737	31.02
32.00	03200	CORONARY CARE UNIT	3,001,935	3,001,935	0	0	1,864,114	32.00
40.00	04000	SUBPROVIDER - IPF	2,184,436	2,184,436	0	0	1,302,062	40.00
41.00	04100	SUBPROVIDER - IRF	4,393,536	4,393,536	0	0	2,768,065	41.00
43.00	04300	NURSERY	1,946,511	1,946,511	0	0	970,419	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	178,166,503	178,166,503	0	0	39,093,546	50.00
51.00	05100	RECOVERY ROOM	17,370,642	17,370,642	0	0	1,866,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,414,291	12,414,291	0	0	3,058,354	52.00
53.00	05300	ANESTHESIOLOGY	14,169,296	14,169,296	0	0	271,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,378,975	60,378,975	0	0	7,587,136	54.00
54.02	05402	ULTRASOUND	16,098,952	16,098,952	0	0	901,492	54.02
54.03	05403	NUCLEAR MEDICINE	23,116,281	23,116,281	0	0	1,734,608	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	79,347,391	79,347,391	0	0	2,448,291	57.00
59.00	05900	CARDIAC CATHETERIZATION	53,192,743	53,192,743	0	0	4,952,104	59.00
60.00	06000	LABORATORY	75,675,492	75,675,492	0	0	10,412,592	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,652,531	8,652,531	0	0	3,257,295	63.00
64.00	06400	INTRAVENOUS THERAPY	8,980,483	8,980,483	0	0	2,523,314	64.00
65.00	06500	RESPIRATORY THERAPY	28,235,001	28,235,001	0	0	3,980,877	65.00
66.00	06600	PHYSICAL THERAPY	19,306,917	19,306,917	0	0	3,238,288	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,140,174	9,140,174	0	0	1,487,211	67.00
68.00	06800	SPEECH PATHOLOGY	4,115,450	4,115,450	0	0	443,798	68.00
69.00	06900	ELECTROCARDIOLOGY	36,618,826	36,618,826	0	0	3,156,775	69.00
69.02	06902	CARDIAC REHAB	923,620	923,620	0	0	602,080	69.02
69.03	06903	DIABETIC EDUCATION	268,329	268,329	0	0	400,263	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,559,432	7,559,432	0	0	1,032,583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,274,765	84,274,765	0	0	11,687,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,986,319	91,986,319	0	0	17,488,636	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,461,653	105,461,653	0	0	13,533,642	73.00
74.00	07400	RENAL DIALYSIS	3,483,625	3,483,625	0	0	1,171,908	74.00
76.00	03020	OTHER ANCILLARY	1,159,844	1,159,844	0	0	124,441	76.00
76.01	03021	MOBILE OUTREACH CLINIC	672,483	672,483	0	0	712,599	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,131,616	1,131,616	0	0	440,573	90.00
90.01	09001	OUTPATIENT PSYCH	359,752	359,752	0	0	129,164	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	230,512	230,512	0	0	294,383	90.04
91.00	09100	EMERGENCY	87,903,500	87,903,500	0	0	11,662,168	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	16,626,183	16,626,183	0	0	2,034,089	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	8,063,500	8,063,500	0	0	2,760,880	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	PATIENT PLACEMENT (ASSIGNED TIME)	Reconciliation	MISC ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.05	5.06	5.07	5A.08	5.08	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,145,926,923	1,145,926,923	0	-64,755,174	232,075,859	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	46,514	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	16,799,687	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	255,055	194.00
194.01	07951	APOTHECARY	0	0	0	0	5,051,373	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	728,250	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	1,076	194.03
194.04	07954	MARKETING	0	0	0	0	2,529,683	194.04
194.06	07956	MOB	0	0	0	0	402,323	194.06
194.07	07957	SENIOR PARTNERS	0	0	100	0	692,778	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	4,694,984	194.08
194.09	07959	CONV CARE	0	0	0	0	4,048,144	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	4,322	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	7,839	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	7,403	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	175,303	194.15
194.17	07967	FOUNDATION	0	0	0	0	591,444	194.17
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)	2,902,695	6,454,775	635,863		64,755,174	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002533	0.005633	6,358.630000		0.241523	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	134,580	59,020	10,663		3,012,494	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000117	0.000052	106.630000		0.011236	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL						5.08
7.00	00700	OPERATION OF PLANT	947,815					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	3,923,116				8.00
9.00	00900	HOUSEKEEPING	19,105	0	920,116			9.00
10.00	01000	DIETARY	25,036	0	25,036	181,678		10.00
11.00	01100	CAFETERIA	0	0	0	0	3,601,232	11.00
13.00	01300	NURSING ADMINISTRATION	3,430	0	3,430	0	175,288	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	0	17,834	0	73,234	14.00
15.00	01500	PHARMACY	6,272	0	6,272	0	104,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,806	0	12,806	0	143,689	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	8,088	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	161,936	1,491,328	161,936	147,848	714,503	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	389,220	42,385	7,776	261,403	31.00
31.02	03102	NICU	12,694	106,370	12,694	0	112,280	31.02
32.00	03200	CORONARY CARE UNIT	5,644	62,286	5,644	3,921	39,886	32.00
40.00	04000	SUBPROVIDER - IPF	11,572	0	11,572	5,208	33,083	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	122,783	35,314	14,317	75,196	41.00
43.00	04300	NURSERY	0	0	0	0	28,417	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,821	435,726	46,821	0	231,373	50.00
51.00	05100	RECOVERY ROOM	15,282	151,611	15,282	0	42,605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	168,487	24,203	0	75,296	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,985	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,766	83,181	35,766	0	120,858	54.00
54.02	05402	ULTRASOUND	3,023	0	3,023	0	17,729	54.02
54.03	05403	NUCLEAR MEDICINE	11,110	10,363	11,110	0	13,847	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	7,772	64,727	7,772	0	24,700	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	53,764	12,827	0	43,496	59.00
60.00	06000	LABORATORY	25,957	0	25,957	0	238,202	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	9,425	63.00
64.00	06400	INTRAVENOUS THERAPY	510	0	510	1,356	34,159	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	0	2,880	0	93,473	65.00
66.00	06600	PHYSICAL THERAPY	14,978	27,252	14,978	68	87,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	41,201	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	10,196	68.00
69.00	06900	ELECTROCARDIOLOGY	4,920	26,145	4,920	0	23,949	69.00
69.02	06902	CARDIAC REHAB	15,157	24,630	15,157	0	18,008	69.02
69.03	06903	DIABETIC EDUCATION	12,298	0	12,298	0	8,259	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	11,584	7,165	0	30,799	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	293	4,524	293	0	1,848	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	2,917	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	24,904	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,322	92,119	5,322	0	11,262	90.00
90.01	09001	OUTPATIENT PSYCH	18,715	0	18,715	0	1,675	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	418	0	0	10,995	90.04
91.00	09100	EMERGENCY	24,054	483,823	24,054	6	215,258	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	106,001	11,811	1,178	37,208	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	22,192	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	664,106	3,916,342	636,407	181,678	3,264,803	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,712	2,424	31,712	0	166,603	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	35,691	0	35,691	0	0	194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	14,040	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	0	39,513	0	8,006	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	317	238	317	0	0	194.03
194.04	07954	MARKETING	2,695	0	2,695	0	47,295	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	346	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	4,206	194.08
194.09	07959	CONV CARE	7,256	4,112	7,256	0	79,067	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	0	194.14
194.15	07965	FAMILY PRACTICE	80,658	0	80,658	0	0	194.15
194.17	07967	FOUNDATION	80,672	0	80,672	0	16,866	194.17
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)	12,339,927	1,047,772	4,209,183	2,088,672	2,330,437	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.019341	0.267076	4.574622	11.496560	0.647122	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	800,644	230,709	209,757	258,939	21,561	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.844726	0.058808	0.227968	1.425263	0.005987	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
			13.00	14.00	15.00	16.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL						5.08
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	40,142					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,736,511				14.00
15.00	01500	PHARMACY	0	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,145,926,923		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,038	0	0	46,535,935		30.00
31.00	03100	INTENSIVE CARE UNIT	4,045	0	0	20,207,570		31.00
31.02	03102	NICU	0	0	0	12,571,919		31.02
32.00	03200	CORONARY CARE UNIT	795	0	0	3,001,935		32.00
40.00	04000	SUBPROVIDER - IPF	1,613	0	0	2,184,436		40.00
41.00	04100	SUBPROVIDER - IRF	1,679	0	0	4,393,536		41.00
43.00	04300	NURSERY	0	0	0	1,946,511		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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,622	0	0	178,166,503		50.00
51.00	05100	RECOVERY ROOM	1,222	0	0	17,370,642		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,760	0	0	12,414,291		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,169,296		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	60,378,975		54.00
54.02	05402	ULTRASOUND	0	0	0	16,098,952		54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	23,116,281		54.03
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	79,347,391		57.00
59.00	05900	CARDIAC CATHETERIZATION	1,667	0	0	53,192,743		59.00
60.00	06000	LABORATORY	0	0	0	75,675,492		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,652,531		63.00
64.00	06400	INTRAVENOUS THERAPY	668	0	0	8,980,483		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,235,001		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,306,917		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,140,174		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,115,450		68.00
69.00	06900	ELECTROCARDIOLOGY	535	0	0	36,618,826		69.00
69.02	06902	CARDIAC REHAB	1,502	0	0	923,620		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	268,329		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,559,432		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,999,035	0	84,274,765		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,737,476	0	91,986,319		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	105,461,653		73.00
74.00	07400	RENAL DIALYSIS	906	0	0	3,483,625		74.00
76.00	03020	OTHER ANCILLARY	179	0	0	1,159,844		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	672,483		76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	1,131,616		90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	359,752		90.01
90.02	09002	PEDS CLINIC	0	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0	230,512		90.04
91.00	09100	EMERGENCY	4,824	0	0	87,903,500		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,132	0	0	16,626,183		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,955	0	0	8,063,500		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
			13.00	14.00	15.00	16.00		
99.00	09900	CMHC	0	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,142	27,736,511	100	1,145,926,923		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01	07951	APOTHECARY	0	0	0	0		194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0		194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0		194.03
194.04	07954	MARKETING	0	0	0	0		194.04
194.06	07956	MOB	0	0	0	0		194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0		194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0		194.08
194.09	07959	CONV CARE	0	0	0	0		194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0		194.10
194.11	07961	ST ELIZABETH	0	0	0	0		194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0		194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0		194.15
194.17	07967	FOUNDATION	0	0	0	0		194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,030,579	5,193,044	6,104,939	5,053,426		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	150.231154	0.187228	61,049.390000	0.004410		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	241,414	276,930	131,003	140,577		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.014000	0.009984	1,310.030000	0.000123		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
			21.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.01	00510	COMMUNICATION			5.01
5.03	00530	PURCHASING RECEIVING AND STORES			5.03
5.05	00540	ADMITTING			5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE			5.06
5.07	00551	PATIENT PLACEMENT			5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL			5.08
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	100		21.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	100		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.02	03102	NICU	0		31.02
32.00	03200	CORONARY CARE UNIT	0		32.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
45.00	04500	NURSING FACILITY	0		45.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.02	05402	ULTRASOUND	0		54.02
54.03	05403	NUCLEAR MEDICINE	0		54.03
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
69.02	06902	CARDIAC REHAB	0		69.02
69.03	06903	DIABETIC EDUCATION	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
76.00	03020	OTHER ANCILLARY	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0		76.01
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	OUTPATIENT PSYCH	0		90.01
90.02	09002	PEDS CLINIC	0		90.02
90.04	09004	BARIATRICS	0		90.04
91.00	09100	EMERGENCY	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
			21.00		
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		97.00
99.00	09900	CMHC	0		99.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION	0		106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100		118.00
		NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	07951	APOTHECARY	0		194.01
194.02	07952	OCCUPATIONAL MEDICINE	0		194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0		194.03
194.04	07954	MARKETING	0		194.04
194.06	07956	MOB	0		194.06
194.07	07957	SENIOR PARTNERS	0		194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0		194.08
194.09	07959	CONV CARE	0		194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0		194.10
194.11	07961	ST ELIZABETH	0		194.11
194.14	07964	FREE STANDING CATH LAB	0		194.14
194.15	07965	FAMILY PRACTICE	0		194.15
194.17	07967	FOUNDATION	0		194.17
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)	301,643		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,016.430000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,954		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	29.540000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,496,238		35,496,238	0	35,496,238	30.00
31.00	03100	INTENSIVE CARE UNIT	13,349,928		13,349,928	0	13,349,928	31.00
31.02	03102	NICU	5,804,977		5,804,977	0	5,804,977	31.02
32.00	03200	CORONARY CARE UNIT	2,633,837		2,633,837	0	2,633,837	32.00
40.00	04000	SUBPROVIDER - IPF	2,153,377		2,153,377	0	2,153,377	40.00
41.00	04100	SUBPROVIDER - IRF	4,575,591		4,575,591	0	4,575,591	41.00
43.00	04300	NURSERY	1,231,771		1,231,771	0	1,231,771	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50,804,859		50,804,859	0	50,804,859	50.00
51.00	05100	RECOVERY ROOM	2,914,196		2,914,196	0	2,914,196	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,635,723		4,635,723	0	4,635,723	52.00
53.00	05300	ANESTHESIOLOGY	400,759		400,759	0	400,759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,415,567		10,415,567	0	10,415,567	54.00
54.02	05402	ULTRASOUND	1,254,878		1,254,878	0	1,254,878	54.02
54.03	05403	NUCLEAR MEDICINE	2,462,697		2,462,697	0	2,462,697	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,559,543		3,559,543	0	3,559,543	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,901,350		6,901,350	0	6,901,350	59.00
60.00	06000	LABORATORY	13,872,033		13,872,033	0	13,872,033	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,099,172		4,099,172	0	4,099,172	63.00
64.00	06400	INTRAVENOUS THERAPY	3,319,377		3,319,377	0	3,319,377	64.00
65.00	06500	RESPIRATORY THERAPY	5,178,025	0	5,178,025	0	5,178,025	65.00
66.00	06600	PHYSICAL THERAPY	4,433,556	0	4,433,556	0	4,433,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,913,377	0	1,913,377	0	1,913,377	67.00
68.00	06800	SPEECH PATHOLOGY	575,732	0	575,732	0	575,732	68.00
69.00	06900	ELECTROCARDIOLOGY	4,270,115		4,270,115	0	4,270,115	69.00
69.02	06902	CARDIAC REHAB	1,262,119		1,262,119	0	1,262,119	69.02
69.03	06903	DIABETIC EDUCATION	719,835		719,835	0	719,835	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,464,399		1,464,399	0	1,464,399	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,940,935		16,940,935	0	16,940,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,251,921		25,251,921	0	25,251,921	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,372,353		23,372,353	0	23,372,353	73.00
74.00	07400	RENAL DIALYSIS	1,613,982		1,613,982	0	1,613,982	74.00
76.00	03020	OTHER ANCILLARY	188,390		188,390	0	188,390	76.00
76.01	03021	MOBILE OUTREACH CLINIC	903,790		903,790	0	903,790	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	677,498		677,498	0	677,498	90.00
90.01	09001	OUTPATIENT PSYCH	492,302		492,302	0	492,302	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARIATRICS	373,727		373,727	0	373,727	90.04
91.00	09100	EMERGENCY	16,283,009		16,283,009	0	16,283,009	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,042,484		3,042,484	0	3,042,484	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,407,784		6,407,784		6,407,784	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,771,319		3,771,319	0	3,771,319	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0		0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0		0		0	106.00
200.00		Subtotal (see instructions)	289,022,525	0	289,022,525	0	289,022,525	200.00
201.00		Less Observation Beds	6,407,784		6,407,784		6,407,784	201.00
202.00		Total (see instructions)	282,614,741	0	282,614,741	0	282,614,741	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,793,916		39,793,916			30.00
31.00	03100	INTENSIVE CARE UNIT	20,207,570		20,207,570			31.00
31.02	03102	NICU	12,571,919		12,571,919			31.02
32.00	03200	CORONARY CARE UNIT	3,001,935		3,001,935			32.00
40.00	04000	SUBPROVIDER - IPF	2,184,436		2,184,436			40.00
41.00	04100	SUBPROVIDER - IRF	4,393,536		4,393,536			41.00
43.00	04300	NURSERY	1,946,511		1,946,511			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	59,740,694	118,425,809	178,166,503	0.285154	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,919,278	10,451,364	17,370,642	0.167766	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,697,034	1,717,257	12,414,291	0.373418	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	7,763,179	6,406,117	14,169,296	0.028284	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,557,735	41,821,240	60,378,975	0.172503	0.000000	54.00
54.02	05402	ULTRASOUND	6,965,779	9,133,173	16,098,952	0.077948	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	7,020,884	16,095,397	23,116,281	0.106535	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	26,832,398	52,514,993	79,347,391	0.044860	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	30,444,928	22,747,815	53,192,743	0.129742	0.000000	59.00
60.00	06000	LABORATORY	32,191,954	43,483,538	75,675,492	0.183309	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,552,963	2,099,568	8,652,531	0.473754	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	3,423,218	5,557,265	8,980,483	0.369621	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	25,729,942	2,505,059	28,235,001	0.183390	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,833,895	6,473,022	19,306,917	0.229636	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,804,658	335,516	9,140,174	0.209337	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,939,589	175,861	4,115,450	0.139895	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,939,868	22,678,958	36,618,826	0.116610	0.000000	69.00
69.02	06902	CARDIAC REHAB	1,627	921,993	923,620	1.366492	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	495	267,834	268,329	2.682658	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,226,607	5,332,825	7,559,432	0.193718	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,286,719	29,988,046	84,274,765	0.201020	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,318,850	29,667,469	91,986,319	0.274518	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,201,415	41,260,238	105,461,653	0.221619	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,997,728	485,897	3,483,625	0.463305	0.000000	74.00
76.00	03020	OTHER ANCILLARY	453,725	706,119	1,159,844	0.162427	0.000000	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	672,483	672,483	1.343960	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	14,619	1,116,997	1,131,616	0.598700	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	318,918	40,834	359,752	1.368448	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000	90.02
90.04	09004	BARIATRICS	0	230,512	230,512	1.621291	0.000000	90.04
91.00	09100	EMERGENCY	28,018,261	59,885,239	87,903,500	0.185237	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,621,406	9,004,777	16,626,183	0.182994	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	103,553	6,638,466	6,742,019	0.950425	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	181,735	7,881,765	8,063,500	0.467702	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0			106.00
200.00		Subtotal (see instructions)	589,203,477	556,723,446	1,145,926,923			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	589,203,477	556,723,446	1,145,926,923			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.02	03102	NICU		31.02
32.00	03200	CORONARY CARE UNIT		32.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.285154	50.00
51.00	05100	RECOVERY ROOM	0.167766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	52.00
53.00	05300	ANESTHESIOLOGY	0.028284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	54.00
54.02	05402	ULTRASOUND	0.077948	54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	54.03
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.044860	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	59.00
60.00	06000	LABORATORY	0.183309	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	65.00
66.00	06600	PHYSICAL THERAPY	0.229636	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	69.00
69.02	06902	CARDIAC REHAB	1.366492	69.02
69.03	06903	DIABETIC EDUCATION	2.682658	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	73.00
74.00	07400	RENAL DIALYSIS	0.463305	74.00
76.00	03020	OTHER ANCILLARY	0.162427	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	76.01
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.598700	90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	90.01
90.02	09002	PEDS CLINIC	0.000000	90.02
90.04	09004	BARIATRICS	1.621291	90.04
91.00	09100	EMERGENCY	0.185237	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.467702	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
99.00	09900	CMHC		99.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
106.00	10600	HEART ACQUISITION		106.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,496,238		35,496,238	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,349,928		13,349,928	0	0	31.00
31.02	03102	NICU	5,804,977		5,804,977	0	0	31.02
32.00	03200	CORONARY CARE UNIT	2,633,837		2,633,837	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,153,377		2,153,377	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,575,591		4,575,591	0	0	41.00
43.00	04300	NURSERY	1,231,771		1,231,771	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50,804,859		50,804,859	0	0	50.00
51.00	05100	RECOVERY ROOM	2,914,196		2,914,196	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,635,723		4,635,723	0	0	52.00
53.00	05300	ANESTHESIOLOGY	400,759		400,759	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,415,567		10,415,567	0	0	54.00
54.02	05402	ULTRASOUND	1,254,878		1,254,878	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	2,462,697		2,462,697	0	0	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,559,543		3,559,543	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,901,350		6,901,350	0	0	59.00
60.00	06000	LABORATORY	13,872,033		13,872,033	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,099,172		4,099,172	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,319,377		3,319,377	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,178,025	0	5,178,025	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,433,556	0	4,433,556	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,913,377	0	1,913,377	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	575,732	0	575,732	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,270,115		4,270,115	0	0	69.00
69.02	06902	CARDIAC REHAB	1,262,119		1,262,119	0	0	69.02
69.03	06903	DIABETIC EDUCATION	719,835		719,835	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,464,399		1,464,399	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,940,935		16,940,935	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,251,921		25,251,921	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,372,353		23,372,353	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,613,982		1,613,982	0	0	74.00
76.00	03020	OTHER ANCILLARY	188,390		188,390	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	903,790		903,790	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	677,498		677,498	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	492,302		492,302	0	0	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARIATRICS	373,727		373,727	0	0	90.04
91.00	09100	EMERGENCY	16,283,009		16,283,009	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,042,484		3,042,484	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,407,784		6,407,784		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,771,319		3,771,319	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0		0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0		0		0	106.00
200.00		Subtotal (see instructions)	289,022,525	0	289,022,525	0	0	200.00
201.00		Less Observation Beds	6,407,784		6,407,784		0	201.00
202.00		Total (see instructions)	282,614,741	0	282,614,741	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,793,916		39,793,916			30.00
31.00	03100	INTENSIVE CARE UNIT	20,207,570		20,207,570			31.00
31.02	03102	NICU	12,571,919		12,571,919			31.02
32.00	03200	CORONARY CARE UNIT	3,001,935		3,001,935			32.00
40.00	04000	SUBPROVIDER - IPF	2,184,436		2,184,436			40.00
41.00	04100	SUBPROVIDER - IRF	4,393,536		4,393,536			41.00
43.00	04300	NURSERY	1,946,511		1,946,511			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	59,740,694	118,425,809	178,166,503	0.285154	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,919,278	10,451,364	17,370,642	0.167766	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,697,034	1,717,257	12,414,291	0.373418	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	7,763,179	6,406,117	14,169,296	0.028284	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,557,735	41,821,240	60,378,975	0.172503	0.000000	54.00
54.02	05402	ULTRASOUND	6,965,779	9,133,173	16,098,952	0.077948	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	7,020,884	16,095,397	23,116,281	0.106535	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	26,832,398	52,514,993	79,347,391	0.044860	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	30,444,928	22,747,815	53,192,743	0.129742	0.000000	59.00
60.00	06000	LABORATORY	32,191,954	43,483,538	75,675,492	0.183309	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,552,963	2,099,568	8,652,531	0.473754	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	3,423,218	5,557,265	8,980,483	0.369621	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	25,729,942	2,505,059	28,235,001	0.183390	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,833,895	6,473,022	19,306,917	0.229636	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,804,658	335,516	9,140,174	0.209337	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,939,589	175,861	4,115,450	0.139895	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,939,868	22,678,958	36,618,826	0.116610	0.000000	69.00
69.02	06902	CARDIAC REHAB	1,627	921,993	923,620	1.366492	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	495	267,834	268,329	2.682658	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,226,607	5,332,825	7,559,432	0.193718	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,286,719	29,988,046	84,274,765	0.201020	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,318,850	29,667,469	91,986,319	0.274518	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,201,415	41,260,238	105,461,653	0.221619	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,997,728	485,897	3,483,625	0.463305	0.000000	74.00
76.00	03020	OTHER ANCILLARY	453,725	706,119	1,159,844	0.162427	0.000000	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	672,483	672,483	1.343960	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	14,619	1,116,997	1,131,616	0.598700	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	318,918	40,834	359,752	1.368448	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000	90.02
90.04	09004	BARIATRICS	0	230,512	230,512	1.621291	0.000000	90.04
91.00	09100	EMERGENCY	28,018,261	59,885,239	87,903,500	0.185237	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,621,406	9,004,777	16,626,183	0.182994	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	103,553	6,638,466	6,742,019	0.950425	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	181,735	7,881,765	8,063,500	0.467702	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0			106.00
200.00		Subtotal (see instructions)	589,203,477	556,723,446	1,145,926,923			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	589,203,477	556,723,446	1,145,926,923			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I | Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	0.000000		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.02	06902	CARDIAC REHAB	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	OTHER ANCILLARY	0.000000		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0.000000		76.01
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION			106.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part I Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,347,543	0	2,347,543	62,431	37.60	30.00
31.00	03100	INTENSIVE CARE UNIT	829,059		829,059	14,307	57.95	31.00
31.02	03102	NICU	268,689		268,689	6,753	39.79	31.02
32.00	03200	CORONARY CARE UNIT	172,748		172,748	1,736	99.51	32.00
40.00	04000	SUBPROVIDER - IPF	133,249	0	133,249	1,981	67.26	40.00
41.00	04100	SUBPROVIDER - IRF	397,745	0	397,745	5,870	67.76	41.00
43.00	04300	NURSERY	11,912		11,912	3,437	3.47	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	04500	NURSING FACILITY	0		0	0	0.00	45.00
200.00		Total (lines 30-199)	4,160,945		4,160,945	96,515		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part I Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
			6.00	7.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	23,907	898,903	30.00
31.00	03100	INTENSIVE CARE UNIT	6,364	368,794	31.00
31.02	03102	NICU	0	0	31.02
32.00	03200	CORONARY CARE UNIT	917	91,251	32.00
40.00	04000	SUBPROVIDER - IPF	487	32,756	40.00
41.00	04100	SUBPROVIDER - IRF	2,949	199,824	41.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
200.00		Total (lines 30-199)	34,624	1,591,528	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part II Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,452,809	178,166,503	0.013767	27,256,841	375,245	50.00
51.00	05100	RECOVERY ROOM	161,612	17,370,642	0.009304	4,625,577	43,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	280,014	12,414,291	0.022556	36,731	829	52.00
53.00	05300	ANESTHESIOLOGY	92,402	14,169,296	0.006521	3,072,810	20,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,629	60,378,975	0.019603	7,255,790	142,235	54.00
54.02	05402	ULTRASOUND	84,846	16,098,952	0.005270	2,472,715	13,031	54.02
54.03	05403	NUCLEAR MEDICINE	198,067	23,116,281	0.008568	3,509,508	30,069	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	649,246	79,347,391	0.008182	11,111,721	90,916	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,412,136	53,192,743	0.026548	14,170,307	376,193	59.00
60.00	06000	LABORATORY	546,411	75,675,492	0.007220	13,629,804	98,407	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,924	8,652,531	0.006001	3,271,418	19,632	63.00
64.00	06400	INTRAVENOUS THERAPY	95,563	8,980,483	0.010641	1,883,905	20,047	64.00
65.00	06500	RESPIRATORY THERAPY	186,314	28,235,001	0.006599	10,105,461	66,686	65.00
66.00	06600	PHYSICAL THERAPY	122,352	19,306,917	0.006337	4,159,418	26,358	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,927	9,140,174	0.002946	2,607,558	7,682	67.00
68.00	06800	SPEECH PATHOLOGY	6,823	4,115,450	0.001658	787,712	1,306	68.00
69.00	06900	ELECTROCARDIOLOGY	248,252	36,618,826	0.006779	7,070,593	47,932	69.00
69.02	06902	CARDIAC REHAB	109,908	923,620	0.118997	828	99	69.02
69.03	06903	DIABETIC EDUCATION	52,749	268,329	0.196583	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	105,103	7,559,432	0.013904	1,006,209	13,990	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	265,740	84,274,765	0.003153	22,026,229	69,449	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	390,477	91,986,319	0.004245	29,465,800	125,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	313,862	105,461,653	0.002976	24,227,261	72,100	73.00
74.00	07400	RENAL DIALYSIS	51,986	3,483,625	0.014923	1,784,490	26,630	74.00
76.00	03020	OTHER ANCILLARY	2,899	1,159,844	0.002499	1,838	5	76.00
76.01	03021	MOBILE OUTREACH CLINIC	11,825	672,483	0.017584	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	24,387	1,131,616	0.021551	8,275	178	90.00
90.01	09001	OUTPATIENT PSYCH	116,494	359,752	0.323818	3,776	1,223	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	13,841	230,512	0.060045	0	0	90.04
91.00	09100	EMERGENCY	488,227	87,903,500	0.005554	11,122,494	61,774	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	158,259	16,626,183	0.009519	3,139,379	29,884	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	423,779	6,742,019	0.062856	61,810	3,885	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	10,328,863	1,053,763,600		209,876,258	1,783,941	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part III Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Cost	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
31.02	03102	NICU	0	0	0		0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part III Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		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	62,431	0.00	23,907	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,307	0.00	6,364	0	0	31.00
31.02	03102	NICU	6,753	0.00	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	1,736	0.00	917	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,981	0.00	487	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,870	0.00	2,949	0	0	41.00
43.00	04300	NURSERY	3,437	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	96,515		34,624	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part III Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.02	03102	NICU	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	178,166,503	0.000000	0.000000	27,256,841	50.00
51.00	05100	RECOVERY ROOM	0	17,370,642	0.000000	0.000000	4,625,577	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,414,291	0.000000	0.000000	36,731	52.00
53.00	05300	ANESTHESIOLOGY	0	14,169,296	0.000000	0.000000	3,072,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,378,975	0.000000	0.000000	7,255,790	54.00
54.02	05402	ULTRASOUND	0	16,098,952	0.000000	0.000000	2,472,715	54.02
54.03	05403	NUCLEAR MEDICINE	0	23,116,281	0.000000	0.000000	3,509,508	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	79,347,391	0.000000	0.000000	11,111,721	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,192,743	0.000000	0.000000	14,170,307	59.00
60.00	06000	LABORATORY	0	75,675,492	0.000000	0.000000	13,629,804	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,652,531	0.000000	0.000000	3,271,418	63.00
64.00	06400	INTRAVENOUS THERAPY	0	8,980,483	0.000000	0.000000	1,883,905	64.00
65.00	06500	RESPIRATORY THERAPY	0	28,235,001	0.000000	0.000000	10,105,461	65.00
66.00	06600	PHYSICAL THERAPY	0	19,306,917	0.000000	0.000000	4,159,418	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,140,174	0.000000	0.000000	2,607,558	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,115,450	0.000000	0.000000	787,712	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,618,826	0.000000	0.000000	7,070,593	69.00
69.02	06902	CARDIAC REHAB	0	923,620	0.000000	0.000000	828	69.02
69.03	06903	DIABETIC EDUCATION	0	268,329	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,559,432	0.000000	0.000000	1,006,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	84,274,765	0.000000	0.000000	22,026,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	91,986,319	0.000000	0.000000	29,465,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,461,653	0.000000	0.000000	24,227,261	73.00
74.00	07400	RENAL DIALYSIS	0	3,483,625	0.000000	0.000000	1,784,490	74.00
76.00	03020	OTHER ANCILLARY	0	1,159,844	0.000000	0.000000	1,838	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	672,483	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,131,616	0.000000	0.000000	8,275	90.00
90.01	09001	OUTPATIENT PSYCH	0	359,752	0.000000	0.000000	3,776	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	230,512	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	87,903,500	0.000000	0.000000	11,122,494	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	16,626,183	0.000000	0.000000	3,139,379	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,742,019	0.000000	0.000000	61,810	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,053,763,600			209,876,258	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	26,917,955	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	10,103,618	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,358	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,908,387	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,789,951	0	0	0	54.00
54.02	05402	ULTRASOUND	0	1,886,879	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	7,572,836	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	12,684,031	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,428,126	0	0	0	59.00
60.00	06000	LABORATORY	0	1,152,459	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,351,443	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,355,959	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	823,809	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	56,143	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,459	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,721,770	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	442,663	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,296,427	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,478,364	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,899,669	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,244,265	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	358,820	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	500,678	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	610,923	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	33,630	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	9,092,383	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	2,429,456	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,723,522	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	139,869,983	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0		54.03
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	06902	CARDIAC REHAB	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	OTHER ANCILLARY	0	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.285154	26,917,955	0	0		50.00
51.00	05100	RECOVERY ROOM	0.167766	10,103,618	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	2,358	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.028284	2,908,387	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	10,789,951	0	0		54.00
54.02	05402	ULTRASOUND	0.077948	1,886,879	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	7,572,836	0	0		54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	05700	CT SCAN	0.044860	12,684,031	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	8,428,126	0	0		59.00
60.00	06000	LABORATORY	0.183309	1,152,459	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	1,351,443	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	1,355,959	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	823,809	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.229636	56,143	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	3,459	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	5,721,770	0	0		69.00
69.02	06902	CARDIAC REHAB	1.366492	442,663	0	0		69.02
69.03	06903	DIABETIC EDUCATION	2.682658	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	1,296,427	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	8,478,364	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	11,899,669	32,930	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	11,244,265	0	40,743		73.00
74.00	07400	RENAL DIALYSIS	0.463305	358,820	0	0		74.00
76.00	03020	OTHER ANCILLARY	0.162427	500,678	0	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.598700	610,923	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	33,630	0	0		90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0		90.02
90.04	09004	BARIATRICS	1.621291	0	0	0		90.04
91.00	09100	EMERGENCY	0.185237	9,092,383	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	2,429,456	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	1,723,522	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.467702		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00		Subtotal (see instructions)		139,869,983	32,930	40,743		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		139,869,983	32,930	40,743		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	7,675,763	0	0		50.00
51.00	05100	RECOVERY ROOM	1,695,044	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	881	0	0		52.00
53.00	05300	ANESTHESIOLOGY	82,261	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,861,299	0	0		54.00
54.02	05402	ULTRASOUND	147,078	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	806,772	0	0		54.03
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	569,006	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	1,093,482	0	0		59.00
60.00	06000	LABORATORY	211,256	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	640,252	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	501,191	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	151,078	0	0		65.00
66.00	06600	PHYSICAL THERAPY	12,892	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	724	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	667,216	0	0		69.00
69.02	06902	CARDIAC REHAB	604,895	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	251,141	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,704,321	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,266,673	9,040	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,491,943	0	9,029		73.00
74.00	07400	RENAL DIALYSIS	166,243	0	0		74.00
76.00	03020	OTHER ANCILLARY	81,324	0	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	365,760	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	46,021	0	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	1,684,246	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	444,576	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,638,078	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Subtotal (see instructions)	28,861,416	9,040	9,029		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	28,861,416	9,040	9,029		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part II | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,452,809	178,166,503	0.013767	0	0	50.00
51.00	05100	RECOVERY ROOM	161,612	17,370,642	0.009304	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	280,014	12,414,291	0.022556	0	0	52.00
53.00	05300	ANESTHESIOLOGY	92,402	14,169,296	0.006521	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,629	60,378,975	0.019603	3,625	71	54.00
54.02	05402	ULTRASOUND	84,846	16,098,952	0.005270	1,295	7	54.02
54.03	05403	NUCLEAR MEDICINE	198,067	23,116,281	0.008568	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	649,246	79,347,391	0.008182	15,692	128	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,412,136	53,192,743	0.026548	0	0	59.00
60.00	06000	LABORATORY	546,411	75,675,492	0.007220	55,174	398	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,924	8,652,531	0.006001	259	2	63.00
64.00	06400	INTRAVENOUS THERAPY	95,563	8,980,483	0.010641	1,764	19	64.00
65.00	06500	RESPIRATORY THERAPY	186,314	28,235,001	0.006599	90	1	65.00
66.00	06600	PHYSICAL THERAPY	122,352	19,306,917	0.006337	4,592	29	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,927	9,140,174	0.002946	2,818	8	67.00
68.00	06800	SPEECH PATHOLOGY	6,823	4,115,450	0.001658	361	1	68.00
69.00	06900	ELECTROCARDIOLOGY	248,252	36,618,826	0.006779	8,215	56	69.00
69.02	06902	CARDIAC REHAB	109,908	923,620	0.118997	0	0	69.02
69.03	06903	DIABETIC EDUCATION	52,749	268,329	0.196583	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	105,103	7,559,432	0.013904	813	11	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	265,740	84,274,765	0.003153	9,364	30	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	390,477	91,986,319	0.004245	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	313,862	105,461,653	0.002976	113,735	338	73.00
74.00	07400	RENAL DIALYSIS	51,986	3,483,625	0.014923	5,358	80	74.00
76.00	03020	OTHER ANCILLARY	2,899	1,159,844	0.002499	31,482	79	76.00
76.01	03021	MOBILE OUTREACH CLINIC	11,825	672,483	0.017584	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	24,387	1,131,616	0.021551	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	116,494	359,752	0.323818	72,650	23,525	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	13,841	230,512	0.060045	0	0	90.04
91.00	09100	EMERGENCY	488,227	87,903,500	0.005554	53,858	299	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	158,259	16,626,183	0.009519	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	423,779	6,742,019	0.062856	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	10,328,863	1,053,763,600		381,145	25,082	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	178,166,503	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	17,370,642	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,414,291	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,169,296	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,378,975	0.000000	0.000000	3,625	54.00
54.02	05402	ULTRASOUND	0	16,098,952	0.000000	0.000000	1,295	54.02
54.03	05403	NUCLEAR MEDICINE	0	23,116,281	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	79,347,391	0.000000	0.000000	15,692	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,192,743	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	75,675,492	0.000000	0.000000	55,174	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,652,531	0.000000	0.000000	259	63.00
64.00	06400	INTRAVENOUS THERAPY	0	8,980,483	0.000000	0.000000	1,764	64.00
65.00	06500	RESPIRATORY THERAPY	0	28,235,001	0.000000	0.000000	90	65.00
66.00	06600	PHYSICAL THERAPY	0	19,306,917	0.000000	0.000000	4,592	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,140,174	0.000000	0.000000	2,818	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,115,450	0.000000	0.000000	361	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,618,826	0.000000	0.000000	8,215	69.00
69.02	06902	CARDIAC REHAB	0	923,620	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	268,329	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,559,432	0.000000	0.000000	813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	84,274,765	0.000000	0.000000	9,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	91,986,319	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,461,653	0.000000	0.000000	113,735	73.00
74.00	07400	RENAL DIALYSIS	0	3,483,625	0.000000	0.000000	5,358	74.00
76.00	03020	OTHER ANCILLARY	0	1,159,844	0.000000	0.000000	31,482	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	672,483	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,131,616	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	359,752	0.000000	0.000000	72,650	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	230,512	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	87,903,500	0.000000	0.000000	53,858	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	16,626,183	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,742,019	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,053,763,600			381,145	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0		54.03
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	06902	CARDIAC REHAB	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	OTHER ANCILLARY	0	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part II | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,452,809	178,166,503	0.013767	18,824	259	50.00
51.00	05100	RECOVERY ROOM	161,612	17,370,642	0.009304	8,241	77	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	280,014	12,414,291	0.022556	0	0	52.00
53.00	05300	ANESTHESIOLOGY	92,402	14,169,296	0.006521	375	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,629	60,378,975	0.019603	88,892	1,743	54.00
54.02	05402	ULTRASOUND	84,846	16,098,952	0.005270	324,730	1,711	54.02
54.03	05403	NUCLEAR MEDICINE	198,067	23,116,281	0.008568	2,838	24	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	649,246	79,347,391	0.008182	109,031	892	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,412,136	53,192,743	0.026548	2,095	56	59.00
60.00	06000	LABORATORY	546,411	75,675,492	0.007220	401,725	2,900	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,924	8,652,531	0.006001	39,357	236	63.00
64.00	06400	INTRAVENOUS THERAPY	95,563	8,980,483	0.010641	10,220	109	64.00
65.00	06500	RESPIRATORY THERAPY	186,314	28,235,001	0.006599	108,666	717	65.00
66.00	06600	PHYSICAL THERAPY	122,352	19,306,917	0.006337	1,926,528	12,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,927	9,140,174	0.002946	1,890,053	5,568	67.00
68.00	06800	SPEECH PATHOLOGY	6,823	4,115,450	0.001658	599,643	994	68.00
69.00	06900	ELECTROCARDIOLOGY	248,252	36,618,826	0.006779	37,350	253	69.00
69.02	06902	CARDIAC REHAB	109,908	923,620	0.118997	0	0	69.02
69.03	06903	DIABETIC EDUCATION	52,749	268,329	0.196583	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	105,103	7,559,432	0.013904	2,088	29	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	265,740	84,274,765	0.003153	211,420	667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	390,477	91,986,319	0.004245	8,883	38	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	313,862	105,461,653	0.002976	640,677	1,907	73.00
74.00	07400	RENAL DIALYSIS	51,986	3,483,625	0.014923	228,734	3,413	74.00
76.00	03020	OTHER ANCILLARY	2,899	1,159,844	0.002499	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	11,825	672,483	0.017584	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	24,387	1,131,616	0.021551	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	116,494	359,752	0.323818	295	96	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	13,841	230,512	0.060045	0	0	90.04
91.00	09100	EMERGENCY	488,227	87,903,500	0.005554	11,139	62	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	158,259	16,626,183	0.009519	11,816	112	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	423,779	6,742,019	0.062856	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	10,328,863	1,053,763,600		6,683,620	34,073	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	178,166,503	0.000000	0.000000	18,824	50.00
51.00	05100	RECOVERY ROOM	0	17,370,642	0.000000	0.000000	8,241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,414,291	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,169,296	0.000000	0.000000	375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,378,975	0.000000	0.000000	88,892	54.00
54.02	05402	ULTRASOUND	0	16,098,952	0.000000	0.000000	324,730	54.02
54.03	05403	NUCLEAR MEDICINE	0	23,116,281	0.000000	0.000000	2,838	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	79,347,391	0.000000	0.000000	109,031	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,192,743	0.000000	0.000000	2,095	59.00
60.00	06000	LABORATORY	0	75,675,492	0.000000	0.000000	401,725	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,652,531	0.000000	0.000000	39,357	63.00
64.00	06400	INTRAVENOUS THERAPY	0	8,980,483	0.000000	0.000000	10,220	64.00
65.00	06500	RESPIRATORY THERAPY	0	28,235,001	0.000000	0.000000	108,666	65.00
66.00	06600	PHYSICAL THERAPY	0	19,306,917	0.000000	0.000000	1,926,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,140,174	0.000000	0.000000	1,890,053	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,115,450	0.000000	0.000000	599,643	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,618,826	0.000000	0.000000	37,350	69.00
69.02	06902	CARDIAC REHAB	0	923,620	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	268,329	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,559,432	0.000000	0.000000	2,088	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	84,274,765	0.000000	0.000000	211,420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	91,986,319	0.000000	0.000000	8,883	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,461,653	0.000000	0.000000	640,677	73.00
74.00	07400	RENAL DIALYSIS	0	3,483,625	0.000000	0.000000	228,734	74.00
76.00	03020	OTHER ANCILLARY	0	1,159,844	0.000000	0.000000	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	672,483	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,131,616	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	359,752	0.000000	0.000000	295	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	230,512	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	87,903,500	0.000000	0.000000	11,139	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	16,626,183	0.000000	0.000000	11,816	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,742,019	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,053,763,600			6,683,620	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARIATRICS	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.285154	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0.167766	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.028284	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	0	0	0		54.00
54.02	05402	ULTRASOUND	0.077948	0	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	0	0	0		54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	05700	CT SCAN	0.044860	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	0	0	0		59.00
60.00	06000	LABORATORY	0.183309	0	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.229636	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	0	0	0		69.00
69.02	06902	CARDIAC REHAB	1.366492	0	0	0		69.02
69.03	06903	DIABETIC EDUCATION	2.682658	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0.463305	0	0	0		74.00
76.00	03020	OTHER ANCILLARY	0.162427	0	0	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.598700	0	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	0	0	0		90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0		90.02
90.04	09004	BARIATRICS	1.621291	0	0	0		90.04
91.00	09100	EMERGENCY	0.185237	0	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.467702		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00		Subtotal (see instructions)		0	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	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.02	05402	ULTRASOUND	0	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0		54.03
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.02	06902	CARDIAC REHAB	0	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	OTHER ANCILLARY	0	0	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Subtotal (see instructions)	0	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.285154	3,753,270	0	0		50.00
51.00	05100	RECOVERY ROOM	0.167766	347,746	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	278,206	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.028284	243,358	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	1,667,977	0	0		54.00
54.02	05402	ULTRASOUND	0.077948	671,120	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	584,102	0	0		54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	05700	CT SCAN	0.044860	2,406,216	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	893,935	0	0		59.00
60.00	06000	LABORATORY	0.183309	2,410,868	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	143,796	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	691,194	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	213,234	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.229636	352,484	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	11,439	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	6,282	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	859,504	0	0		69.00
69.02	06902	CARDIAC REHAB	1.366492	4,454	0	0		69.02
69.03	06903	DIABETIC EDUCATION	2.682658	11,328	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	323,616	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	87,097	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	1,827,753	0	0		73.00
74.00	07400	RENAL DIALYSIS	0.463305	127,077	0	0		74.00
76.00	03020	OTHER ANCILLARY	0.162427	0	0	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.598700	24,818	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	6,050	0	0		90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0		90.02
90.04	09004	BARIATRICS	1.621291	0	0	0		90.04
91.00	09100	EMERGENCY	0.185237	3,820,778	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	502,992	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.467702	943,830	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00		Subtotal (see instructions)		22,270,694	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)		22,270,694	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,070,260	0	0		50.00
51.00	05100	RECOVERY ROOM	58,340	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,887	0	0		52.00
53.00	05300	ANESTHESIOLOGY	6,883	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,731	0	0		54.00
54.02	05402	ULTRASOUND	52,312	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	62,227	0	0		54.03
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	107,943	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	115,981	0	0		59.00
60.00	06000	LABORATORY	441,934	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	68,124	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	255,480	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	39,105	0	0		65.00
66.00	06600	PHYSICAL THERAPY	80,943	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,395	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	879	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	100,227	0	0		69.00
69.02	06902	CARDIAC REHAB	6,086	0	0		69.02
69.03	06903	DIABETIC EDUCATION	30,389	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	62,690	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,508	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,065	0	0		73.00
74.00	07400	RENAL DIALYSIS	58,875	0	0		74.00
76.00	03020	OTHER ANCILLARY	0	0	0		76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	14,859	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	8,279	0	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	707,749	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	92,045	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Subtotal (see instructions)	3,629,367	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	3,629,367	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	62,431	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	62,431	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)	51,161	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)	23,907	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	35,496,238	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)	35,496,238	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	39,793,916	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	39,793,916	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.892002	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)	777.82	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)	35,496,238	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	568.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,592,803	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	13,592,803	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/28/2012 7:36 am

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	13,349,928	14,307	933.10	6,364	5,938,248	43.00
43.02	NICU	5,804,977	6,753	859.61	0	0	43.02
44.00	CORONARY CARE UNIT	2,633,837	1,736	1,517.19	917	1,391,263	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)	43,450,454	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	64,372,768	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,358,948	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,783,941	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,142,889	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	61,229,879	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)	11,270	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	568.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,407,784	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,347,543	35,496,238	0.066135	6,407,784	423,779	90.00
91.00	Nursing School cost	0	35,496,238	0.000000	6,407,784	0	91.00
92.00	Allied health cost	0	35,496,238	0.000000	6,407,784	0	92.00
93.00	All other Medical Education	0	35,496,238	0.000000	6,407,784	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100	Period: From 07/01/2011	Worksheet D-1
Component CCN: 15S100	To 06/30/2012	Date/Time Prepared: 11/28/2012 7:36 am
Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,981	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,981	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)	1,981	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)	487	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,153,377	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)	2,153,377	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	2,184,436	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	2,184,436	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.985782	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)	1,102.69	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)	2,153,377	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,087.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	529,379	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)	529,379	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1
Component CCN: 15S100 | Date/Time Prepared: 11/28/2012 7:36 am
Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)	159,224	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	688,603	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)	32,756	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	25,082	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	57,838	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	630,765	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Period: From 07/01/2011 | Worksheet D-1
Component CCN: 15S100 | To 06/30/2012 | Date/Time Prepared: 11/28/2012 7:36 am
Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	133,249	2,153,377	0.061879	0	0	90.00
91.00	Nursing School cost	0	2,153,377	0.000000	0	0	91.00
92.00	Allied health cost	0	2,153,377	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,153,377	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,870	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,870	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)	5,870	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)	2,949	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,575,591	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,575,591	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,393,536	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,393,536	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.041437	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)	748.47	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,575,591	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	779.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,298,716	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)	2,298,716	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1
Component CCN: 15T100 | Date/Time Prepared: 11/28/2012 7:36 am
Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)	1,393,097	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,691,813	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)	199,824	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	34,073	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	233,897	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,457,916	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	397,745	4,575,591	0.086928	0	0	90.00
91.00	Nursing School cost	0	4,575,591	0.000000	0	0	91.00
92.00	Allied health cost	0	4,575,591	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,575,591	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Title XIX	Hospital	Cost	
				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			62,431	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			62,431	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)			51,161	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			6,581	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)			3,437	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			35,496,238	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)			35,496,238	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			39,793,916	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			39,793,916	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.892002	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)			777.82	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)			35,496,238	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			568.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,741,759	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)			3,741,759	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/28/2012 7:36 am

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)	1,231,771	3,437	358.39	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	13,349,928	14,307	933.10	1,436	1,339,932	43.00
43.02	NICU	5,804,977	6,753	859.61	2,519	2,165,358	43.02
44.00	CORONARY CARE UNIT	2,633,837	1,736	1,517.19	114	172,960	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)	5,886,079	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	13,306,088	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)	11,270	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	568.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,407,784	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Hospital | 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: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		18,024,248		30.00
31.00	03100	INTENSIVE CARE UNIT		10,003,528		31.00
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		1,394,992		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.285154	27,256,841	7,772,397	50.00
51.00	05100	RECOVERY ROOM	0.167766	4,625,577	776,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	36,731	13,716	52.00
53.00	05300	ANESTHESIOLOGY	0.028284	3,072,810	86,911	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	7,255,790	1,251,646	54.00
54.02	05402	ULTRASOUND	0.077948	2,472,715	192,743	54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	3,509,508	373,885	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.044860	11,111,721	498,472	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	14,170,307	1,838,484	59.00
60.00	06000	LABORATORY	0.183309	13,629,804	2,498,466	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	3,271,418	1,549,847	63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	1,883,905	696,331	64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	10,105,461	1,853,240	65.00
66.00	06600	PHYSICAL THERAPY	0.229636	4,159,418	955,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	2,607,558	545,858	67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	787,712	110,197	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	7,070,593	824,502	69.00
69.02	06902	CARDIAC REHAB	1.366492	828	1,131	69.02
69.03	06903	DIABETIC EDUCATION	2.682658	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	1,006,209	194,921	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	22,026,229	4,427,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	29,465,800	8,088,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	24,227,261	5,369,221	73.00
74.00	07400	RENAL DIALYSIS	0.463305	1,784,490	826,763	74.00
76.00	03020	OTHER ANCILLARY	0.162427	1,838	299	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.598700	8,275	4,954	90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	3,776	5,167	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	1.621291	0	0	90.04
91.00	09100	EMERGENCY	0.185237	11,122,494	2,060,297	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	3,139,379	574,488	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	61,810	58,746	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		209,876,258	43,450,454	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)		209,876,258		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		611,058		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.285154	0	0	50.00
51.00	05100	RECOVERY ROOM	0.167766	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028284	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	3,625	625	54.00
54.02	05402	ULTRASOUND	0.077948	1,295	101	54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.044860	15,692	704	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	0	0	59.00
60.00	06000	LABORATORY	0.183309	55,174	10,114	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	259	123	63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	1,764	652	64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	90	17	65.00
66.00	06600	PHYSICAL THERAPY	0.229636	4,592	1,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	2,818	590	67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	361	51	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	8,215	958	69.00
69.02	06902	CARDIAC REHAB	1.366492	0	0	69.02
69.03	06903	DIABETIC EDUCATION	2.682658	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	813	157	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	9,364	1,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	113,735	25,206	73.00
74.00	07400	RENAL DIALYSIS	0.463305	5,358	2,482	74.00
76.00	03020	OTHER ANCILLARY	0.162427	31,482	5,114	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.598700	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	72,650	99,418	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	1.621291	0	0	90.04
91.00	09100	EMERGENCY	0.185237	53,858	9,976	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		381,145	159,224	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)		381,145		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		2,197,014		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.285154	18,824	5,368	50.00
51.00	05100	RECOVERY ROOM	0.167766	8,241	1,383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028284	375	11	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	88,892	15,334	54.00
54.02	05402	ULTRASOUND	0.077948	324,730	25,312	54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	2,838	302	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.044860	109,031	4,891	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	2,095	272	59.00
60.00	06000	LABORATORY	0.183309	401,725	73,640	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	39,357	18,646	63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	10,220	3,778	64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	108,666	19,928	65.00
66.00	06600	PHYSICAL THERAPY	0.229636	1,926,528	442,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	1,890,053	395,658	67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	599,643	83,887	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	37,350	4,355	69.00
69.02	06902	CARDIAC REHAB	1.366492	0	0	69.02
69.03	06903	DIABETIC EDUCATION	2.682658	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	2,088	404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	211,420	42,500	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	8,883	2,439	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	640,677	141,986	73.00
74.00	07400	RENAL DIALYSIS	0.463305	228,734	105,974	74.00
76.00	03020	OTHER ANCILLARY	0.162427	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.598700	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	295	404	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	1.621291	0	0	90.04
91.00	09100	EMERGENCY	0.185237	11,139	2,063	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	11,816	2,162	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		6,683,620	1,393,097	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)		6,683,620		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,729,192		30.00
31.00	03100	INTENSIVE CARE UNIT		1,461,905		31.00
31.02	03102	NICU		1,737,696		31.02
32.00	03200	CORONARY CARE UNIT		151,722		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.285154	4,629,300	1,320,063	50.00
51.00	05100	RECOVERY ROOM	0.167766	354,409	59,458	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	1,559,221	582,241	52.00
53.00	05300	ANESTHESIOLOGY	0.028284	335,531	9,490	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	1,134,111	195,638	54.00
54.02	05402	ULTRASOUND	0.077948	497,083	38,747	54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	300,282	31,991	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.044860	1,489,523	66,820	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	1,759,438	228,273	59.00
60.00	06000	LABORATORY	0.183309	2,240,733	410,747	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	407,568	193,087	63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	809,729	299,293	64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	2,950,404	541,075	65.00
66.00	06600	PHYSICAL THERAPY	0.229636	683,680	156,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	567,763	118,854	67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	246,295	34,455	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	691,171	80,597	69.00
69.02	06902	CARDIAC REHAB	1.366492	0	0	69.02
69.03	06903	DIABETIC EDUCATION	2.682658	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	121,519	23,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	767,067	154,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	4,066,821	901,285	73.00
74.00	07400	RENAL DIALYSIS	0.463305	152,771	70,780	74.00
76.00	03020	OTHER ANCILLARY	0.162427	6,678	1,085	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.598700	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	1.621291	0	0	90.04
91.00	09100	EMERGENCY	0.185237	1,487,822	275,600	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	501,469	91,766	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		27,760,388	5,886,079	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)		27,760,388		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		173,831		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.285154	0	0	50.00
51.00	05100	RECOVERY ROOM	0.167766	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028284	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	0	0	54.00
54.02	05402	ULTRASOUND	0.077948	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.044860	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	0	0	59.00
60.00	06000	LABORATORY	0.183309	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.229636	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	0	0	69.00
69.02	06902	CARDIAC REHAB	1.366492	0	0	69.02
69.03	06903	DIABETIC EDUCATION	2.682658	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.463305	0	0	74.00
76.00	03020	OTHER ANCILLARY	0.162427	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.598700	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	1.621291	0	0	90.04
91.00	09100	EMERGENCY	0.185237	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		0	0	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)		0		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/28/2012 7:36 am

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		415,158		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.285154	0	0	50.00
51.00	05100	RECOVERY ROOM	0.167766	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373418	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028284	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172503	0	0	54.00
54.02	05402	ULTRASOUND	0.077948	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.106535	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.044860	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.129742	0	0	59.00
60.00	06000	LABORATORY	0.183309	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.473754	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.369621	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.183390	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.229636	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209337	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.139895	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116610	0	0	69.00
69.02	06902	CARDIAC REHAB	1.366492	0	0	69.02
69.03	06903	DIABETIC EDUCATION	2.682658	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193718	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201020	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274518	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.221619	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.463305	0	0	74.00
76.00	03020	OTHER ANCILLARY	0.162427	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.343960	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.598700	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.368448	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	1.621291	0	0	90.04
91.00	09100	EMERGENCY	0.185237	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.182994	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.950425	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		0	0	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)		0		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E Part A Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII

		Hospital before 1/1	PPS on/after 1/1	
		1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments	50,455,927		1.00
2.00	Outlier payments for discharges. (see instructions)	1,415,314		2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.	0		2.01
3.00	Managed Care Simulated Payments	10,740,955		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	364.21		4.00
	Indirect Medical Education Adjustment			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	16.42		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)	5.20		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)	11.22		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.	3.00		11.00
12.00	Current year allowable FTE (see instructions)	3.00		12.00
13.00	Total allowable FTE count for the prior year.	3.00		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.	3.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	3.00		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	3.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.008237		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.007981		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.007981		21.00
22.00	IME payment adjustment (see instructions)	266,451		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	266,451		29.00
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.22		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	19.89		31.00
32.00	Sum of lines 30 and 31	26.11		32.00
33.00	Allowable disproportionate share percentage (see instructions)	10.76		33.00
34.00	Disproportionate share adjustment (see instructions)	5,429,058		34.00
	Additional payment for high percentage of ESRD beneficiary discharges			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	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)	57,566,750		47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E Part A Date/Time Prepared: 11/28/2012 7:36 am

		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
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)		57,566,750		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,329,677		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).		101,725		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		61,998,152		59.00
60.00	Primary payer payments		45,145		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		61,953,007		61.00
62.00	Deductibles billed to program beneficiaries		5,321,655		62.00
63.00	Coinsurance billed to program beneficiaries		225,172		63.00
64.00	Allowable bad debts (see instructions)		658,046		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		460,632		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		199,370		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		56,866,812		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		-3,128		70.00
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1		426		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)		56,864,110		71.00
72.00	Interim payments		57,370,020		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)		-505,910		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		3,647,963		75.00
	TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		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: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E Part B Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	18,069	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	28,861,416	2.00
3.00	PPS payments	25,115,840	3.00
4.00	Outlier payment (see instructions)	403,197	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	18,069	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	73,673	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)	73,673	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	73,673	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	55,604	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)	18,069	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)	25,519,037	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	6,630	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	5,292,347	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)	20,238,129	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	42,763	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)	20,280,892	30.00
31.00	Primary payer payments	2,203	31.00
32.00	Subtotal (line 30 minus line 31)	20,278,689	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	611,819	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	428,273	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	327,479	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	20,706,962	37.00
38.00	MSP-LCC reconciliation amount from PS&R	4	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	20,706,958	40.00
41.00	Interim payments	21,080,684	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)	-373,726	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150100	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 7:36 am
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E Part B | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IPF | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	0	40.00
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 7:36 am
	Title XVIII	Subprovider - IPF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150100	Period: From 07/01/2011	Worksheet E
Component CCN: 15T100	To 06/30/2012	Part B
		Date/Time Prepared: 11/28/2012 7:36 am
Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	0	40.00
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 7:36 am
	Title XVIII	Subprovider - IRF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E-1 Part I Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		57,504,436		20,983,228	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	04/04/2012	156,254	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	04/02/2012	118,786	06/21/2012	58,798	3.50
3.51		06/21/2012	15,630		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)		-134,416		97,456	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)		57,370,020		21,080,684	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		505,910		373,726	6.02
7.00	Total Medicare program liability (see instructions)		56,864,110		20,706,958	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: 150100 | Component CCN: 15S100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E-1 Part I | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IPF | 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		294,394		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)		294,394		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		20,262		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		314,656		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: 150100 | Component CCN: 15T100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E-1 Part I | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,665,123		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	04/04/2012	83,019		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)		83,019		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)		3,748,142		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		4,545		0	6.02
7.00	Total Medicare program liability (see instructions)		3,743,597		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: 150100 Component CCN: 15S100	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part II Date/Time Prepared: 11/28/2012 7:36 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	343,696	1.00
2.00	Net IPF PPS Outlier Payments	6,452	2.00
3.00	Net IPF PPS ECT Payments	8,660	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
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)	5.412568	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) 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)	358,808	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)	358,808	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	358,808	18.00
19.00	Deductibles	49,132	19.00
20.00	Subtotal (line 18 minus line 19)	309,676	20.00
21.00	Coinsurance	15,282	21.00
22.00	Subtotal (line 20 minus line 21)	294,394	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	28,946	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	20,262	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	9,630	25.00
26.00	Subtotal (sum of lines 22 and 24)	314,656	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)	0	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)	314,656	31.00
32.00	Interim payments	294,394	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	20,262	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	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: 150100 Component CCN: 15T100	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/28/2012 7:36 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	3,468,924	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0082	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	264,627	3.00
4.00	Outlier Payments	73,252	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
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)	16.038251	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)	3,806,803	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)	3,806,803	17.00
18.00	Primary payer payments	13,581	18.00
19.00	Subtotal (line 17 less line 18).	3,793,222	19.00
20.00	Deductibles	29,624	20.00
21.00	Subtotal (line 19 minus line 20)	3,763,598	21.00
22.00	Coinsurance	22,375	22.00
23.00	Subtotal (line 21 minus line 22)	3,741,223	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	3,391	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	2,374	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,743	26.00
27.00	Subtotal (sum of lines 23 and 25)	3,743,597	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)	0	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)	3,743,597	32.00
33.00	Interim payments	3,748,142	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)	-4,545	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

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

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E-4 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.				18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				5.58	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts				12.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				3.00	6.00
7.00	Enter the lesser of line 5 or line 6				3.00	7.00
		Primary Care	Other		Total	
		1.00	2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00		0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00		0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00			10.00
11.00	Total weighted FTE count	0.00	3.00			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	3.00			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	3.00			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	3.00			14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00
17.00	Adjusted rolling average FTE count	0.00	3.00			17.00
18.00	Per resident amount	0.00	96,090.00			18.00
19.00	Approved amount for resident costs	0	288,270		288,270	19.00
					1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)				0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)				0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)				0.00	23.00
24.00	Multiply line 22 time line 23				0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)				288,270	25.00
		Inpatient Part A	Managed care			
		1.00	2.00		3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	34,624	7,430			26.00
27.00	Total Inpatient Days	81,808	81,808			27.00
28.00	Ratio of inpatient days to total inpatient days	0.423235	0.090822			28.00
29.00	Program direct GME amount	122,006	26,181			29.00
30.00	Reduction for direct GME payments for Medicare managed care		3,699			30.00
31.00	Net Program direct GME amount				144,488	31.00

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

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E-4 | Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	3,483,625	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	68,753,184	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	58,726	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	68,694,458	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	28,879,485	42.00
43.00	Primary payer payments (see instructions)	2,203	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	28,877,282	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	97,571,740	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.704041	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.295959	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	144,488	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	101,725	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	42,763	50.00

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

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G | Date/Time Prepared: 11/28/2012 7:36 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	3,969,859	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	164,113,576	0	0	0	4.00
5.00	Other receivable	11,742,911	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-109,804,349	0	0	0	6.00
7.00	Inventory	5,409,364	0	0	0	7.00
8.00	Prepaid expenses	2,567,499	0	0	0	8.00
9.00	Other current assets	54,231	0	0	0	9.00
10.00	Due from other funds	9,022,863	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,075,954	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	9,948,022	0	0	0	12.00
13.00	Land improvements	9,041,203	0	0	0	13.00
14.00	Accumulated depreciation	-7,402,119	0	0	0	14.00
15.00	Buildings	151,523,669	0	0	0	15.00
16.00	Accumulated depreciation	-118,040,927	0	0	0	16.00
17.00	Leasehold improvements	10,511,622	0	0	0	17.00
18.00	Accumulated depreciation	-3,592,204	0	0	0	18.00
19.00	Fixed equipment	6,250,924	0	0	0	19.00
20.00	Accumulated depreciation	-2,814,842	0	0	0	20.00
21.00	Automobiles and trucks	1,123,731	0	0	0	21.00
22.00	Accumulated depreciation	-1,960,021	0	0	0	22.00
23.00	Major movable equipment	148,699,650	0	0	0	23.00
24.00	Accumulated depreciation	-112,102,355	0	0	0	24.00
25.00	Minor equipment depreciable	3,253,507	0	0	0	25.00
26.00	Accumulated depreciation	-7,343,317	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)	87,096,543	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	370,136,182	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	21,155,274	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	391,291,456	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	565,463,953	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	17,114,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,570,337	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,082,967	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	1,520,901	0	0	0	43.00
44.00	Other current liabilities	168,048,925	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	201,337,130	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	565,750	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	367,237	0	0	0	48.00
49.00	Other long term liabilities	14,675,734	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	15,608,721	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	216,945,851	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	348,518,102				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)	348,518,102	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	565,463,953	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-1 | Date/Time Prepared: 11/28/2012 7:36 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00	—	
1.00	Fund balances at beginning of period		324,736,457		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		58,866,179				2.00
3.00	Total (sum of line 1 and line 2)		383,602,636		0		3.00
4.00	RESTRICTED CONTRIBUTIONS OF PROPERTY	105,802		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)		105,802		0		10.00
11.00	Subtotal (line 3 plus line 10)		383,708,438		0		11.00
12.00	OTHER UNRESTRICTED ACTIVITY	14,779,045		0			12.00
13.00	TRANSFER TO SPONSOR	473,483		0			13.00
14.00	DEFERRED PENSION COSTS	1,048,749		0			14.00
15.00	OTHER PENSION ADJUSTMENTS	18,812,562		0			15.00
16.00	CHANGE IN SHARE OF INVESTEE NET ASSE	76,495		0			16.00
17.00	ROUNDING	2		0			17.00
18.00	Total deductions (sum of lines 12-17)		35,190,336		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		348,518,102		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-1 | Date/Time Prepared: 11/28/2012 7:36 am

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
1.00	Fund balances at beginning of period		0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)		0		0		3.00
4.00	RESTRICTED CONTRIBUTIONS OF PROPERTY	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)		0		0		11.00
12.00	OTHER UNRESTRICTED ACTIVITY	0		0			12.00
13.00	TRANSFER TO SPONSOR	0		0			13.00
14.00	DEFERRED PENSION COSTS	0		0			14.00
15.00	OTHER PENSION ADJUSTMENTS	0		0			15.00
16.00	CHANGE IN SHARE OF INVESTEE NET ASSE	0		0			16.00
17.00	ROUNDING	0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/28/2012 7:36 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	48,995,646		48,995,646	1.00
2.00	SUBPROVIDER - IPF	2,503,658		2,503,658	2.00
3.00	SUBPROVIDER - IRF	4,783,893		4,783,893	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				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	56,283,197		56,283,197	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	20,610,586		20,610,586	11.00
11.02	NICU	12,934,067		12,934,067	11.02
12.00	CORONARY CARE UNIT	3,127,347		3,127,347	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)	36,672,000		36,672,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	92,955,197		92,955,197	17.00
18.00	Ancillary services	469,813,054	468,521,199	938,334,253	18.00
19.00	Outpatient services	36,888,036	72,433,453	109,321,489	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	181,735	7,881,765	8,063,500	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	7,727,291	19,215,528	26,942,819	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	607,565,313	568,051,945	1,175,617,258	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		375,423,053		29.00
30.00	BAD DEBT	-6,356,132			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)		-6,356,132		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)		369,066,921		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-3 | Date/Time Prepared: 11/28/2012 7:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,175,617,258	1.00
2.00	Less contractual allowances and discounts on patients' accounts	771,901,612	2.00
3.00	Net patient revenues (line 1 minus line 2)	403,715,646	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	369,066,921	4.00
5.00	Net income from service to patients (line 3 minus line 4)	34,648,725	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	89,146	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	185	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	137,111	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	2,178	16.00
17.00	Revenue from sale of drugs to other than patients	58,028	17.00
18.00	Revenue from sale of medical records and abstracts	24,041	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	666,236	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	11,654,834	24.00
24.01	NON-OPERATING GAINS/LOSSES	18,723,661	24.01
25.00	Total other income (sum of lines 6-24)	31,355,420	25.00
26.00	Total (line 5 plus line 25)	66,004,145	26.00
27.00	OTHER	7,137,966	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	7,137,966	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,866,179	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet I-5 | Date/Time Prepared: 11/28/2012 7:36 am

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

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 150100 | Period: From 07/01/2011 To 06/30/2012 | Worksheet L Parts I-III Date/Time Prepared: 11/28/2012 7:36 am

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,031,722	1.00
2.00	Capital DRG outlier payments	62,502	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	206.00	3.00
4.00	Number of interns & residents (see instructions)	3.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.41	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	16,530	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.22	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	19.89	8.00
9.00	Sum of lines 7 and 8	26.11	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.43	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	218,923	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	4,329,677	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00