

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).		FORM APPROVED OMB NO. 0938-0050
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 10:56 am

PART I - COST REPORT STATUS		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013 Time: 10:56 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL NORTH (150169) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-313,397	-106,484	1,853,334	12,743,364	1.00
2.00 Subprovider - IPF	0	14,235	71		0	2.00
3.00 Subprovider - IRF	0	519,328	166		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	220,166	-106,247	1,853,334	12,743,364	200.00

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

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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/30/2013 Time: 10:56 am

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Encryption Information
 ECR: Date: 5/30/2013 Time: 10:56 am
 DtisLMe50zgbblzKuhNfuOFxh2eTV0
 sVEvd0kqi qH15mpMmCAox9zI hKXi o6
 vYw010ast00COh6w
 PI: Date: 5/30/2013 Time: 10:56 am
 9WhvMsthZpwbUbBLnnJuGA: 1lKnph0
 z16wD0mynuno. uZh8l QL3zJZA0p0uA
 ue: t0xtuVLOFIEE

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00		
		Part A 2.00	Part B 3.00				
PART III - SETTLEMENT SUMMARY							
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3.00	Subprovider - IRF	0	519,328	166		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	0		0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0	0	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		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00	CMHC I	0	0	0		0	12.00
200.00	Total	0	220,166	-106,247	1,853,334	12,743,364	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:56 am
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 7150 CLEARVISTA PARKWAY		PO Box:			
City: INDIANAPOLIS		State: IN		Zip Code: 46256	
				County: MARION	

	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	COMMUNITY HOSPITAL NORTH	150169	26900	1	02/25/2008	N	P	0	3.00
4.00	Subprovider - IPF	COMMUNITY MENTAL HEALTH	15S169	26900	4	01/01/2010	N	P	0	4.00
5.00	Subprovider - IRF	HOOK REHAB CENTER	15T169	26900	5	01/01/2010	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
1.00	2.00	3.00	4.00	5.00	6.00		
24.00	3,620	5,297	5	20	7,937	0	24.00
25.00	2,903	867	0	0	168	0	25.00

	Urban/Rural S	Date of Geogr	
1.00	2.00		
26.00	1		26.00
27.00	1		27.00
35.00	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:56 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.		N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		Y			60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 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	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

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

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

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY PRACTICE 1350	0.00	1.54	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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		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		0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		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
				1.00	2.00	3.00
				Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150169			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:56 am		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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)							1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 10:56 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			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	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Y/N		
			1.00		
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
		1.00	2.00	3.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 10:56 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00
		N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501	RHELMS@COMMUNITY.COM		43.00

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

HFS Supplemental Information		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/30/2013 10:56 am
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 10:56 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	220	80,520	0.00	0	1.00	
2.00 HMO						2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		220	80,520	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	24	8,784	0.00	0	8.00	
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	43	15,738	0.00	0	12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		287	105,042	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF	40.00	18	6,588		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	58	21,228		0	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.)	115.00					23.00	
24.00 HOSPI CE	116.00	0	0			24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)		363				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	
				I/P Days / O/P Visi ts / Tri ps		Full Time Equival ents	
Component	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l		
	6.00	7.00	8.00	9.00	10.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	17,618	2,439	49,821			1.00	
2.00 HMO	5,028	12,893				2.00	
3.00 HMO IPF Subprovider	0	0				3.00	
4.00 HMO IRF Subprovider	0	0				4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,618	2,439	49,821			7.00	
8.00 INTENSIVE CARE UNIT	1,455	0	3,463			8.00	
9.00 CORONARY CARE UNIT	0	0	0			9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	10,359			12.00	
13.00 NURSERY		1,194	7,044			13.00	
14.00 Total (see instructions)	19,073	3,633	70,687	1.54	1,962.49	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF	3,130	0	3,961	0.00	0.00	16.00	
17.00 SUBPROVIDER - IRF	4,012	3,938	12,614	0.00	0.00	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.)				0.00	0.00	23.00	
24.00 HOSPI CE	0	0	0	0.00	0.00	24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150169

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 10:56 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents							
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll						
	6.00	7.00	8.00	9.00	10.00						
27.00	Total (sum of lines 14-26)					1.54	27.00				
28.00	Observation Bed Days					1,962.49	28.00				
29.00	Ambulance Trips						29.00				
30.00	Employee discount days (see instruction)						30.00				
31.00	Employee discount days - IRF					0	31.00				
32.00	Labor & delivery days (see instructions)					353	32.00				
33.00	LTCH non-covered days					0	33.00				
Component	Full Time Equivalents	Discharges									
	Nonpaid Workers	Title V	Title VIII	Title XIX	Total All Patients						
	11.00	12.00	13.00	14.00	15.00						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)					0	4,200	2,479	15,031	1.00	
2.00	HMO						1,143			2.00	
3.00	HMO IPF Subprovider									3.00	
4.00	HMO IRF Subprovider									4.00	
5.00	Hospital Adults & Peds. Swing Bed SNF									5.00	
6.00	Hospital Adults & Peds. Swing Bed NF									6.00	
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)									7.00	
8.00	INTENSIVE CARE UNIT									8.00	
9.00	CORONARY CARE UNIT									9.00	
10.00	BURN INTENSIVE CARE UNIT									10.00	
11.00	SURGICAL INTENSIVE CARE UNIT									11.00	
12.00	NEONATAL INTENSIVE CARE UNIT									12.00	
13.00	NURSERY									13.00	
14.00	Total (see instructions)					0.00	0	4,200	2,479	15,031	14.00
15.00	CAH visits									15.00	
16.00	SUBPROVIDER - IPF					0.00	0	235	0	310	16.00
17.00	SUBPROVIDER - IRF					0.00	0	319	131	719	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.)					0.00					23.00
24.00	HOSPICE					0.00					24.00
25.00	CMHC - CMHC										25.00
26.00	RURAL HEALTH CLINIC										26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER										26.25
27.00	Total (sum of lines 14-26)					0.00					27.00
28.00	Observation Bed Days										28.00
29.00	Ambulance Trips										29.00
30.00	Employee discount days (see instruction)										30.00
31.00	Employee discount days - IRF										31.00
32.00	Labor & delivery days (see instructions)										32.00
33.00	LTCH non-covered days										33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150169

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 10:56 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	131,506,258	-31,654	131,474,604	4,169,790.00	31.53
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,208,759	-57,381	1,151,378	14,550.00	79.13
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		9,685,814	76,499	9,762,313	238,214.00	40.98
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		5,877,281	0	5,877,281	85,834.00	68.47
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		989,404	0	989,404	13,360.00	74.06
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		44,845,072	0	44,845,072		
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		2,790,440	0	2,790,440		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		198,080	0	198,080		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	2,540,039	-2,246	2,537,793	61,585.00	41.21
27.00	Administrative & General	5.00	40,629,111	3,191,952	43,821,063	409,947.00	106.89
28.00	Administrative & General under contract (see inst.)		9,304,892	0	9,304,892	112,817.00	82.48
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,348,126	-118,566	2,229,560	114,402.00	19.49
31.00	Laundry & Linen Service	8.00	7,384	-4,325	3,059	409.00	7.48
32.00	Housekeeping	9.00	1,870,968	-46,219	1,824,749	145,696.00	12.52
33.00	Housekeeping under contract (see instructions)		363,910	0	363,910	11,440.00	31.81
34.00	Dietary	10.00	2,269,970	-1,608,577	661,393	195,088.00	3.39
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,483,278	1,483,278	87,807.00	16.89
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	359,824	-9,115	350,709	25,154.00	13.94
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	3,395,785	-606,980	2,788,805	80,550.00	34.62
41.00	Medical Records & Medical Records Library	16.00	345,789	-15,601	330,188	7,294.00	45.27

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150169

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 10:56 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,569,031	-95,049	1,473,982	44,610.00	33.04	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150169

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2013 10:56 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	139,966,301	25,727	139,992,028	4,279,497.00	32.71	1.00
2.00	Excluded area salaries (see instructions)	9,685,814	76,499	9,762,313	238,214.00	40.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	130,280,487	-50,772	130,229,715	4,041,283.00	32.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,866,685	0	6,866,685	99,194.00	69.22	4.00
5.00	Subtotal wage-related costs (see inst.)	44,845,072	0	44,845,072	0.00	34.44	5.00
6.00	Total (sum of lines 3 thru 5)	181,992,244	-50,772	181,941,472	4,140,477.00	43.94	6.00
7.00	Total overhead cost (see instructions)	65,004,829	2,168,552	67,173,381	1,296,799.00	51.80	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 10:56 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			7,181,961 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			5,232,094 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			93,044 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)			25,255,691 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			267,497 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			466,018 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			222,275 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			9,010,949 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			104,062 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			47,833,591 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: 150169

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2013 10:56 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 10:56 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.311431	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		22,791,061	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		111,131,603	6.00
7.00	Medicaid cost (line 1 times line 6)		34,609,826	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)		11,818,765	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,818,765	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		14,389,321	5,650,759
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		4,481,281	1,759,822
22.00	Partial payment by patients approved for charity care		0	0
23.00	Cost of charity care (line 21 minus line 22)		4,481,281	1,759,822
				Total (col. 1 + col. 2)
				3.00
				20,040,080
				6,241,103
				0
				6,241,103
				23.00
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)		13,535,445	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		217,434	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		13,318,011	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,147,641	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,388,744	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,207,509	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/30/2013 10:56 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	29,033,840	29,033,840	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	11,969,042	11,969,042	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	2,540,039	18,664,965	21,205,004	-28,193	21,176,811	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	40,629,111	118,514,023	159,143,134	-31,104,497	128,038,637	5.00
7.00	00700	OPERATION OF PLANT	2,348,126	5,979,405	8,327,531	392,936	8,720,467	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,384	804,850	812,234	-4,611	807,623	8.00
9.00	00900	HOUSEKEEPING	1,870,968	1,041,053	2,912,021	-71,285	2,840,736	9.00
10.00	01000	DIETARY	2,269,970	818,505	3,088,475	-2,384,438	704,037	10.00
11.00	01100	CAFETERIA	0	0	0	2,276,738	2,276,738	11.00
13.00	01300	NURSING ADMINISTRATION	359,824	2,303,359	2,663,183	-11,248	2,651,935	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,031,519	5,031,519	-1,604,356	3,427,163	14.00
15.00	01500	PHARMACY	3,395,785	8,385,439	11,781,224	-8,506,138	3,275,086	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	345,789	2,778,974	3,124,763	-15,601	3,109,162	16.00
17.00	01700	SOCIAL SERVICE	1,569,031	527,738	2,096,769	-94,009	2,002,760	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,208,759	196,993	1,405,752	-93,406	1,312,346	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	0	149,111	149,111	0	149,111	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	68,499	68,499	40,342	108,841	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	0	0	211,120	211,120	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,805,521	7,172,322	33,977,843	-12,279,697	21,698,146	30.00
31.00	03100	INTENSIVE CARE UNIT	2,718,480	566,652	3,285,132	-223,895	3,061,237	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,922,032	1,253,236	6,175,268	-635,937	5,539,331	35.00
40.00	04000	SUBPROVIDER - I PF	1,236,268	241,058	1,477,326	-89,919	1,387,407	40.00
41.00	04100	SUBPROVIDER - I RF	4,095,865	679,164	4,775,029	-91,612	4,683,417	41.00
43.00	04300	NURSERY	0	0	0	1,478,382	1,478,382	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,350,131	26,767,310	31,117,441	-19,998,451	11,118,990	50.00
51.00	05100	RECOVERY ROOM	2,299,542	268,628	2,568,170	-96,950	2,471,220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	455,423	455,423	7,137,683	7,593,106	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,869,841	2,581,452	5,451,293	-1,337,831	4,113,462	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	321,219	1,281,134	1,602,353	-674,325	928,028	55.00
57.00	05700	CT SCAN	839,817	753,601	1,593,418	312,354	1,905,772	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	735,373	4,172,657	4,908,030	-501,523	4,406,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	6,914,936	6,914,936	-1,082	6,913,854	60.00
64.00	06400	INTRAVENOUS THERAPY	265,465	67,305	332,770	-31,702	301,068	64.00
65.00	06500	RESPIRATORY THERAPY	2,437,018	802,480	3,239,498	-302,251	2,937,247	65.00
66.00	06600	PHYSICAL THERAPY	5,516,085	1,495,459	7,011,544	-1,578,929	5,432,615	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,152,109	2,152,109	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	632,252	632,252	68.00
69.00	06900	ELECTROCARDIOLOGY	25,065	1,374,055	1,399,120	-34,009	1,365,111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,013,447	1,082,989	2,096,436	-211,152	1,885,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,882,950	9,882,950	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,706,044	11,706,044	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,730,064	7,730,064	73.00
74.00	07400	RENAL DIALYSIS	0	504,328	504,328	-9,502	494,826	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	855,365	658,399	1,513,764	-345,100	1,168,664	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	0	38,506	38,506	0	38,506	76.02
76.06	03955	IMAGING CENTERS	1,571,407	2,459,873	4,031,280	-1,066,250	2,965,030	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0	4,401,373	4,401,373	-113	4,401,260	76.07
76.08	03957	BARIATRIC CLINIC	1,493,846	754,675	2,248,521	-34,121	2,214,400	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	114,091	114,091	0	114,091	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975	SPINE CENTER	1,209,750	446,892	1,656,642	-119,539	1,537,103	90.26
90.27	04976	DIABETIC CARE CENTER	0	60,631	60,631	0	60,631	90.27
91.00	09100	EMERGENCY	5,026,254	1,869,091	6,895,345	-291,315	6,604,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,152,577	234,502,153	361,654,730	1,082,869	362,737,599	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/30/2013 10:56 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
	1.00	2.00	3.00	4.00	5.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00 19100 RESEARCH	0	33,175	33,175	0	33,175
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,824,816	9,180,541	13,005,357	-632,345	12,373,012
193.00 19300 NONPAID WORKERS	0	0	0	0	0
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.06 07956 MEDICAL OFFICE BUILDINGS	0	2,857,735	2,857,735	-414,211	2,443,524
194.08 07958 OTHER NONREIMBURSABLE COST CENTERS	528,865	1,189,979	1,718,844	-36,313	1,682,531
200.00 TOTAL (SUM OF LINES 118-199)	131,506,258	247,763,583	379,269,841	0	379,269,841
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	-21,678,838	7,355,002			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	-49,307	11,919,735			2.00
3.00 00300 OTHER CAP REL COSTS	0	0			3.00
4.00 00400 EMPLOYEE BENEFITS	-210,342	20,966,469			4.00
5.00 00500 ADMINISTRATIVE & GENERAL	-69,989,433	58,049,204			5.00
7.00 00700 OPERATION OF PLANT	-64,119	8,656,348			7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	807,623			8.00
9.00 00900 HOUSEKEEPING	0	2,840,736			9.00
10.00 01000 DIETARY	-44,689	659,348			10.00
11.00 01100 CAFETERIA	-564,261	1,712,477			11.00
13.00 01300 NURSING ADMINISTRATION	0	2,651,935			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	3,427,163			14.00
15.00 01500 PHARMACY	250,613	3,525,699			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,109,162			16.00
17.00 01700 SOCIAL SERVICE	-8,188	1,994,572			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	-1,312,346	0			19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	74,184	74,184			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	339,161	339,161			22.00
23.00 02300 ALLIED HEALTH-EMS PROGRAM	-149,111	0			23.00
23.01 02301 ALLIED HEALTH-RADIOLOGY SCHOOL	-68,499	40,342			23.01
23.02 02302 ALLIED HEALTH-PHARMACY RESIDENCY	0	211,120			23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	-75,371	21,622,775			30.00
31.00 03100 INTENSIVE CARE UNIT	67,922	3,129,159			31.00
32.00 03200 CORONARY CARE UNIT	0	0			32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	-53,826	5,485,505			35.00
40.00 04000 SUBPROVIDER - IPF	0	1,387,407			40.00
41.00 04100 SUBPROVIDER - IRF	-171,612	4,511,805			41.00
43.00 04300 NURSERY	0	1,478,382			43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	-17,465	11,101,525			50.00
51.00 05100 RECOVERY ROOM	0	2,471,220			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	7,593,106			52.00
53.00 05300 ANESTHESIOLOGY	0	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	-55,490	4,057,972			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	928,028			55.00
57.00 05700 CT SCAN	0	1,905,772			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	-452,889	3,953,618			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00 06000 LABORATORY	-19,786	6,894,068			60.00
64.00 06400 INTRAVENOUS THERAPY	0	301,068			64.00
65.00 06500 RESPIRATORY THERAPY	0	2,937,247			65.00
66.00 06600 PHYSICAL THERAPY	-73,793	5,358,822			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,152,109			67.00
68.00 06800 SPEECH PATHOLOGY	0	632,252			68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,365,111			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,885,284			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,882,950			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,706,044			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,730,064			73.00
74.00 07400 RENAL DIALYSIS	0	494,826			74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00 03330 ENDOSCOPY	-6,550	1,162,114			76.00
76.02 03950 HRC NEUROPSYCHOLOGY	0	38,506			76.02
76.06 03955 IMAGING CENTERS	-160,274	2,804,756			76.06
76.07 03956 BREAST DIAGNOSTIC CENTERS	0	4,401,260			76.07
76.08 03957 BARIATRIC CLINIC	-14,791	2,199,609			76.08
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0			90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150169

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

Worksheet A
Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.24	04973	PALLIATIVE CARE	-352,368	-238,277	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.25
90.26	04975	SPI NE CENTER	-1,168	1,535,935	90.26
90.27	04976	DI ABETIC CARE CENTER	-67,776	-7,145	90.27
91.00	09100	EMERGENCY	-533,006	6,071,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTI LI ZATI ON REVI EW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGI CAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPI CE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-95,463,418	267,274,181	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	33,175	191.00
192.00	19200	PHYSICI ANS' PRI VATE OFFICES	0	12,373,012	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.06	07956	MEDI CAL OFFI CE BUI LDINGS	0	2,443,524	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	1,682,531	194.08
200.00		TOTAL (SUM OF LINES 118-199)	-95,463,418	283,806,423	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/30/2013 10:56 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	ALLIED HEALTH-EMS PROGRAM	02300		23.00
23.01	ALLIED HEALTH-RADIOLOGY SCHOOL	02301		23.01
23.02	ALLIED HEALTH-PHARMACY RESIDENCY	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060		35.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	ENDOSCOPY	03330		76.00
76.02	HRC NEUROPSYCHOLOGY	03950		76.02
76.06	IMAGING CENTERS	03955		76.06
76.07	BREAST DIAGNOSTIC CENTERS	03956		76.07
76.08	BARIATRIC CLINIC	03957		76.08
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.24	PALLIATIVE CARE	04973		90.24
90.25	OTHER OUTPATIENT SERVICE COST CENTER	04974		90.25
90.26	SPINE CENTER	04975		90.26
90.27	DIABETIC CARE CENTER	04976		90.27
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/30/2013 10:56 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.06	MEDICAL OFFICE BUILDINGS	07956		194.06
194.08	OTHER NONREIMBURSABLE COST CENTERS	07958		194.08
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - Labor and Delivery Salary					
1.00	NURSERY	43.00		1,201,176	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		5,799,322	2.00
			0	7,000,498	
B - Labor and Delivery Other					
1.00	NURSERY	43.00		277,206	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		1,338,361	2.00
			0	1,615,567	
C - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		9,882,950	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
24.00					24.00
25.00					25.00
26.00					26.00
27.00					27.00
			0	9,882,950	
D - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		18,459,641	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
24.00					24.00
25.00					25.00
26.00					26.00
27.00					27.00
28.00					28.00
29.00					29.00
30.00					30.00
31.00					31.00
32.00					32.00
33.00					33.00
34.00					34.00
			0	18,459,641	

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6

Date/Time Prepared:
5/30/2013 10:56 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
E - Radiology Support Salary					
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	81,976	1.00
2.00	CT SCAN	57.00	0	278,541	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	100,017	3.00
TOTALS			0	460,534	
F - Radiology Support Other					
1.00	RADIOLOGY-THERAPEUTIC	55.00		66,512	1.00
2.00	CT SCAN	57.00		225,996	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		81,150	3.00
TOTALS			0	373,658	
G - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		223,838	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		76,204	2.00
TOTALS			0	300,042	
H - Implantable Device Recl ass					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	245	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	540,462	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,706,044	3.00
TOTALS			0	12,246,751	
I - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		22,243,199	1.00
TOTALS			0	22,243,199	
K - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		6,566,803	1.00
TOTALS			0	6,566,803	
L - Cafeteria Salary					
1.00	CAFETERIA	11.00	1,483,278		1.00
TOTALS			1,483,278	0	
M - Cafeteria Recl ass					
1.00	CAFETERIA	11.00		793,460	1.00
TOTALS			0	793,460	
N - PTO Allocation					
1.00	ADMINISTRATIVE & GENERAL	5.00	3,200,084	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			3,200,084	0	
O - PHARM RESIDENCY PRECEPTOR SALARY REC					
1.00	ALLIED HEALTH-PHARMACY RESIDENCY	23.02	211,120		1.00
TOTALS			211,120	0	
Q - Drugs Charges to Pat					
1.00	HOUSEKEEPING	9.00	0	267	1.00
2.00	OPERATING ROOM	50.00	0	3,247	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,680	3.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,730,064	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	7,735,258	
R - Therapy Salary					
1.00	OCCUPATIONAL THERAPY	67.00		1,702,808	1.00
2.00	SPEECH PATHOLOGY	68.00		500,255	2.00
			0	2,203,063	
S - Therapy Other					
1.00	PHYSICAL THERAPY	66.00		828,598	1.00
2.00	OCCUPATIONAL THERAPY	67.00		449,301	2.00
3.00	SPEECH PATHOLOGY	68.00		131,997	3.00
			0	1,409,896	
T - Plant Operations Expense					
1.00	OPERATION OF PLANT	7.00	0	700,785	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	TOTALS		0	700,785	
U - Dietary Food Service Allocation					
1.00	DIETARY	10.00		224,813	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
				0	224,813	
V - DUNGYPOYTHRESS ULTRASND PURCH SERV						
1.00	RADIOLOGY-DIAGNOSTIC		54.00		491,370	1.00
				0	491,370	
Z - Radiology School Allied Health						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL		23.01		2,867	1.00
				0	2,867	
AA - Radiology School Allied Health						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL		23.01	37,475		1.00
				37,475	0	
AB - EIB LIABILITY RECLASS						
1.00	EMPLOYEE BENEFITS		4.00	0	2,246	1.00
2.00	ADMINISTRATIVE & GENERAL		5.00	0	8,132	2.00
3.00	OPERATION OF PLANT		7.00	0	1,032	3.00
4.00	SOCIAL SERVICE		17.00	0	2,087	4.00
5.00	ADULTS & PEDIATRICS		30.00	0	9,688	5.00
6.00	RADIOLOGY-DIAGNOSTIC		54.00	0	1,149	6.00
7.00	PHYSICAL THERAPY		66.00	0	5,050	7.00
8.00	ELECTROENCEPHALOGRAPHY		70.00	0	2,270	8.00
				0	31,654	
500.00	Grand Total: Increases			4,931,957	92,742,809	500.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 10:56 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - Labor and Delivery Salary							
1.00	ADULTS & PEDIATRICS	30.00		7,000,498			1.00
2.00			0	7,000,498			2.00
B - Labor and Delivery Other							
1.00	ADULTS & PEDIATRICS	30.00		1,615,567			1.00
2.00			0	1,615,567			2.00
C - Chargeable Medical Supplies							
1.00	ADMINISTRATIVE & GENERAL	5.00		1,369			1.00
2.00	OPERATION OF PLANT	7.00		46,031			2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		1,992,642			3.00
4.00	PHARMACY	15.00		64,188			4.00
5.00	SOCIAL SERVICE	17.00		259			5.00
6.00	NONPHYSICIAN ANESTHETISTS	19.00		20,735			6.00
7.00	ADULTS & PEDIATRICS	30.00		150,639			7.00
8.00	INTENSIVE CARE UNIT	31.00		19,616			8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00		14,710			9.00
10.00	SUBPROVIDER - IPF	40.00		32			10.00
11.00	SUBPROVIDER - IRF	41.00		5,346			11.00
12.00	OPERATING ROOM	50.00		6,818,329			12.00
13.00	RECOVERY ROOM	51.00		16,866			13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00		6,777			14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00		453,625			15.00
16.00	CT SCAN	57.00		88,157			16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		99			17.00
18.00	INTRAVENOUS THERAPY	64.00		21,540			18.00
19.00	RESPIRATORY THERAPY	65.00		89,798			19.00
20.00	PHYSICAL THERAPY	66.00		2,704			20.00
21.00	ELECTROCARDIOLOGY	69.00		3,586			21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00		4,621			22.00
23.00	RENAL DIALYSIS	74.00		9,502			23.00
24.00	ENDOSCOPY	76.00		16,545			24.00
25.00	IMAGING CENTERS	76.06		5,467			25.00
26.00	BARITRIC CLINIC	76.08		7,391			26.00
27.00	EMERGENCY	91.00		22,376			27.00
			0	9,882,950			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS	4.00		28,148			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		11,603,535			2.00
3.00	OPERATION OF PLANT	7.00		144,284			3.00
4.00	HOUSEKEEPING	9.00		12,859			4.00
5.00	DIETARY	10.00		155,975			5.00
6.00	NURSING ADMINISTRATION	13.00		1,722			6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00		127,342			7.00
8.00	PHARMACY	15.00		116,577			8.00
9.00	NONPHYSICIAN ANESTHETISTS	19.00		12,057			9.00
10.00	ADULTS & PEDIATRICS	30.00		1,026,348			10.00
11.00	INTENSIVE CARE UNIT	31.00		85,467			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00		389,140			12.00
13.00	SUBPROVIDER - IPF	40.00		21,949			13.00
14.00	SUBPROVIDER - IRF	41.00		48,109			14.00
15.00	OPERATING ROOM	50.00		723,660			15.00
16.00	RECOVERY ROOM	51.00		67,631			16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00		746,109			17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00		335,750			18.00
19.00	CT SCAN	57.00		60,911			19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		605,155			20.00
21.00	LABORATORY	60.00		1,082			21.00
22.00	INTRAVENOUS THERAPY	64.00		3,171			22.00
23.00	RESPIRATORY THERAPY	65.00		104,752			23.00
24.00	PHYSICAL THERAPY	66.00		56,519			24.00
25.00	ELECTROCARDIOLOGY	69.00		29,033			25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00		141,938			26.00
27.00	ENDOSCOPY	76.00		259,200			27.00
28.00	IMAGING CENTERS	76.06		902,018			28.00
29.00	BARITRIC CLINIC	76.08		8,846			29.00
30.00	SPINE CENTER	90.26		70,990			30.00
31.00	EMERGENCY	91.00		68,873			31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00		81,630			32.00
33.00	MEDICAL OFFICE BUILDINGS	194.06		414,211			33.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 10:56 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
34.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	4,650		34.00
				18,459,641		
E - Radiology Support Salary						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	460,534	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	460,534		
F - Radiology Support Other						
1.00	RADIOLOGY-DIAGNOSTIC	54.00		373,658		1.00
2.00						2.00
3.00			0	373,658		3.00
G - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00		300,042		1.00
2.00						2.00
			0	300,042		
H - Implantable Device Reclass						
1.00	OPERATING ROOM	50.00	0	12,246,751	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	12,246,751		
I - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00		22,243,199		1.00
				22,243,199		
K - Depreciation by CC						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		6,566,803		1.00
				6,566,803		
L - Cafeteria Salary						
1.00	DIETARY	10.00	1,483,278			1.00
			1,483,278	0		
M - Cafeteria Reclass						
1.00	DIETARY	10.00		793,460		1.00
				793,460		
N - PTO Allocation						
1.00	OPERATION OF PLANT	7.00	117,534	0	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	4,325	0	0	2.00
3.00	HOUSEKEEPING	9.00	46,219	0	0	3.00
4.00	DIETARY	10.00	125,299	0	0	4.00
5.00	NURSING ADMINISTRATION	13.00	9,115	0	0	5.00
6.00	PHARMACY	15.00	395,860	0	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	15,601	0	0	7.00
8.00	SOCIAL SERVICE	17.00	92,962	0	0	8.00
9.00	NONPHYSICIAN ANESTHETISTS	19.00	57,381	0	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	920,536	0	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	112,354	0	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	213,635	0	0	12.00
13.00	SUBPROVIDER - IPF	40.00	63,449	0	0	13.00
14.00	SUBPROVIDER - IRF	41.00	21,001	0	0	14.00
15.00	OPERATING ROOM	50.00	9,313	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	160,636	0	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	22,661	0	0	17.00
18.00	CT SCAN	57.00	32,547	0	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	50,060	0	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	6,491	0	0	20.00
21.00	RESPIRATORY THERAPY	65.00	94,171	0	0	21.00
22.00	PHYSICAL THERAPY	66.00	130,936	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	786	0	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	43,494	0	0	24.00
25.00	ENDOSCOPY	76.00	52,712	0	0	25.00
26.00	IMAGING CENTERS	76.06	103,840	0	0	26.00
27.00	SPINE CENTER	90.26	31,784	0	0	27.00
28.00	EMERGENCY	91.00	177,736	0	0	28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	58,974	0	0	29.00
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	28,672	0	0	30.00
	TOTALS		3,200,084	0		
O - PHARM RESIDENCY PRECEPTOR SALARY REC						
1.00	PHARMACY	15.00	211,120			1.00
			211,120	0		

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 10:56 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
Q - Drugs Charges to Pat						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,179	0	1.00
2.00	PHARMACY	15.00	0	7,715,250	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,024	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	37	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	207	0	5.00
6.00	SUBPROVIDER - IPF	40.00	0	17	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	7	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,032	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	621	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	967	0	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	266	0	11.00
12.00	ENDOSCOPY	76.00	0	14	0	12.00
13.00	IMAGING CENTERS	76.06	0	157	0	13.00
14.00	BARITRICAL CLINIC	76.08	0	92	0	14.00
15.00	SPINE CENTER	90.26	0	8,238	0	15.00
16.00	EMERGENCY	91.00	0	150	0	16.00
	TOTALS		0	7,735,258		
R - Therapy Salary						
1.00	PHYSICAL THERAPY	66.00		2,203,063		1.00
2.00			0	2,203,063		2.00
S - Therapy Other						
1.00	ADULTS & PEDIATRICS	30.00		1,409,896		1.00
2.00						2.00
3.00			0	1,409,896		3.00
T - Plant Operations Expense						
1.00	EMPLOYEE BENEFITS	4.00	0	45	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	156,681	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	286	0	3.00
4.00	HOUSEKEEPING	9.00	0	12,474	0	4.00
5.00	DIETARY	10.00	0	51,239	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,423	0	6.00
7.00	NONPHYSICIAN ANESTHETISTS	19.00	0	3,233	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	36,347	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	3,429	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	15,783	0	10.00
11.00	SUBPROVIDER - IPF	40.00	0	4,472	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	957	0	12.00
13.00	OPERATING ROOM	50.00	0	193,430	0	13.00
14.00	RECOVERY ROOM	51.00	0	959	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,872	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,457	0	16.00
17.00	CT SCAN	57.00	0	9,932	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27,185	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	12,860	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	9,113	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	604	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,373	0	22.00
23.00	ENDOSCOPY	76.00	0	15,569	0	23.00
24.00	IMAGING CENTERS	76.06	0	50,619	0	24.00
25.00	BARITRICAL CLINIC	76.08	0	755	0	25.00
26.00	SPINE CENTER	90.26	0	3,446	0	26.00
27.00	EMERGENCY	91.00	0	7,242	0	27.00
	TOTALS		0	700,785		
U - Dietary Food Service Allocation						
1.00	NURSING ADMINISTRATION	13.00		411		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		232		2.00
3.00	PHARMACY	15.00		3,143		3.00
4.00	SOCIAL SERVICE	17.00		788		4.00
5.00	ADULTS & PEDIATRICS	30.00		118,842		5.00
6.00	INTENSIVE CARE UNIT	31.00		2,992		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00		2,462		7.00
8.00	SUBPROVIDER - IRF	41.00		16,192		8.00
9.00	OPERATING ROOM	50.00		10,215		9.00
10.00	RECOVERY ROOM	51.00		11,494		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00		1,241		11.00
12.00	CT SCAN	57.00		636		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		191		13.00
14.00	INTRAVENOUS THERAPY	64.00		500		14.00
15.00	RESPIRATORY THERAPY	65.00		49		15.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
16.00	PHYSICAL THERAPY	66.00	4,225			16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	5,460			17.00
18.00	ENDOSCOPY	76.00	1,060			18.00
19.00	IMAGING CENTERS	76.06	4,149			19.00
20.00	BREAST DIAGNOSTIC CENTERS	76.07	113			20.00
21.00	BARIATRIC CLINIC	76.08	17,037			21.00
22.00	SPINE CENTER	90.26	5,081			22.00
23.00	EMERGENCY	91.00	14,938			23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	371			24.00
25.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	2,991			25.00
			0	224,813		
V - DUNGYPOYTHRESS ULTRASND PURCH SERV						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	491,370		1.00
			0	491,370		
Z - Radiology School Allied Health						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,867		1.00
			0	2,867		
AA - Radiology School Allied Health						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	37,475	0		1.00
			37,475	0		
AB - EIB LIABILITY RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	2,246	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	8,132	0	0	2.00
3.00	OPERATION OF PLANT	7.00	1,032	0	0	3.00
4.00	SOCIAL SERVICE	17.00	2,087	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	9,688	0	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	1,149	0	0	6.00
7.00	PHYSICAL THERAPY	66.00	5,050	0	0	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	2,270	0	0	8.00
	TOTALS		31,654	0		
500.00	Grand Total: Decreases		4,963,611	92,711,155		500.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/30/2013 10:56 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - Labor and Delivery Salary						
1.00	NURSERY	43.00	ADULTS & PEDIATRICS	30.00		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00				2.00
					0	0
B - Labor and Delivery Other						
1.00	NURSERY	43.00	ADULTS & PEDIATRICS	30.00		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00				2.00
					0	0
C - Chargeable Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	ADMINISTRATIVE & GENERAL	5.00		1.00
2.00			OPERATION OF PLANT	7.00		2.00
3.00			CENTRAL SERVICES & SUPPLY	14.00		3.00
4.00			PHARMACY	15.00		4.00
5.00			SOCIAL SERVICE	17.00		5.00
6.00			NONPHYSICIAN ANESTHETISTS	19.00		6.00
7.00			ADULTS & PEDIATRICS	30.00		7.00
8.00			INTENSIVE CARE UNIT	31.00		8.00
9.00			NEONATAL INTENSIVE CARE UNIT	35.00		9.00
10.00			SUBPROVIDER - IPF	40.00		10.00
11.00			SUBPROVIDER - IRF	41.00		11.00
12.00			OPERATING ROOM	50.00		12.00
13.00			RECOVERY ROOM	51.00		13.00
14.00			RADIOLOGY-DIAGNOSTIC	54.00		14.00
15.00			RADIOLOGY-THERAPEUTIC	55.00		15.00
16.00			CT SCAN	57.00		16.00
17.00			MAGNETIC RESONANCE IMAGING (MRI)	58.00		17.00
18.00			INTRAVENOUS THERAPY	64.00		18.00
19.00			RESPIRATORY THERAPY	65.00		19.00
20.00			PHYSICAL THERAPY	66.00		20.00
21.00			ELECTROCARDIOLOGY	69.00		21.00
22.00			ELECTROENCEPHALOGRAPHY	70.00		22.00
23.00			RENAL DIALYSIS	74.00		23.00
24.00			ENDOSCOPY	76.00		24.00
25.00			IMAGING CENTERS	76.06		25.00
26.00			BARIATRIC CLINIC	76.08		26.00
27.00			EMERGENCY	91.00		27.00
					0	0
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	EMPLOYEE BENEFITS	4.00		1.00
2.00			ADMINISTRATIVE & GENERAL	5.00		2.00
3.00			OPERATION OF PLANT	7.00		3.00
4.00			HOUSEKEEPING	9.00		4.00
5.00			DIETARY	10.00		5.00
6.00			NURSING ADMINISTRATION	13.00		6.00
7.00			CENTRAL SERVICES & SUPPLY	14.00		7.00
8.00			PHARMACY	15.00		8.00
9.00			NONPHYSICIAN ANESTHETISTS	19.00		9.00
10.00			ADULTS & PEDIATRICS	30.00		10.00
11.00			INTENSIVE CARE UNIT	31.00		11.00
12.00			NEONATAL INTENSIVE CARE UNIT	35.00		12.00
13.00			SUBPROVIDER - IPF	40.00		13.00
14.00			SUBPROVIDER - IRF	41.00		14.00
15.00			OPERATING ROOM	50.00		15.00
16.00			RECOVERY ROOM	51.00		16.00
17.00			RADIOLOGY-DIAGNOSTIC	54.00		17.00
18.00			RADIOLOGY-THERAPEUTIC	55.00		18.00
19.00			CT SCAN	57.00		19.00
20.00			MAGNETIC RESONANCE IMAGING (MRI)	58.00		20.00
21.00			LABORATORY	60.00		21.00
22.00			INTRAVENOUS THERAPY	64.00		22.00
23.00			RESPIRATORY THERAPY	65.00		23.00
24.00			PHYSICAL THERAPY	66.00		24.00
25.00			ELECTROCARDIOLOGY	69.00		25.00
26.00			ELECTROENCEPHALOGRAPHY	70.00		26.00
27.00			ENDOSCOPY	76.00		27.00
28.00			IMAGING CENTERS	76.06		28.00
29.00			BARIATRIC CLINIC	76.08		29.00
30.00			SPINE CENTER	90.26		30.00
31.00			EMERGENCY	91.00		31.00
32.00			PHYSICIANS' PRIVATE OFFICES	192.00		32.00
33.00			MEDICAL OFFICE BUILDINGS	194.06		33.00

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/30/2013 10:56 am

Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
34.00				OTHER NONREIMBURSABLE COST CENTERS	194.08		34.00
			0				0
E - Radiology Support Salary							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1.00
2.00	CT SCAN	57.00	0		0.00	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
F - Radiology Support Other							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	RADIOLOGY-DIAGNOSTIC	54.00		1.00
2.00	CT SCAN	57.00					2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00					3.00
	TOTALS		0				0
G - Capital Insurance Costs							
1.00	CAP REL COSTS-BLDG & FIXT	1.00		ADMINISTRATIVE & GENERAL	5.00		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00					2.00
	TOTALS		0				0
H - Implantable Device Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	OPERATING ROOM	50.00	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0		0.00	0	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
I - Interest Expense							
1.00	CAP REL COSTS-BLDG & FIXT	1.00		ADMINISTRATIVE & GENERAL	5.00		1.00
	TOTALS		0				0
K - Depreciation by CC							
1.00	CAP REL COSTS-BLDG & FIXT	1.00		CAP REL COSTS-MVBLE EQUIP	2.00		1.00
	TOTALS		0				0
L - Cafeteria Salary							
1.00	CAFETERIA	11.00	1,483,278	DIETARY	10.00	1,483,278	1.00
			1,483,278			1,483,278	
M - Cafeteria Recl ass							
1.00	CAFETERIA	11.00	0	DIETARY	10.00		1.00
			0				0
N - PTO Allocation							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,200,084	OPERATION OF PLANT	7.00	117,534	1.00
2.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	4,325	2.00
3.00		0.00	0	HOUSEKEEPING	9.00	46,219	3.00
4.00		0.00	0	DIETARY	10.00	125,299	4.00
5.00		0.00	0	NURSING ADMINISTRATION	13.00	9,115	5.00
6.00		0.00	0	PHARMACY	15.00	395,860	6.00
7.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	15,601	7.00
8.00		0.00	0	SOCIAL SERVICE	17.00	92,962	8.00
9.00		0.00	0	NONPHYSICIAN ANESTHETISTS	19.00	57,381	9.00
10.00		0.00	0	ADULTS & PEDIATRICS	30.00	920,536	10.00
11.00		0.00	0	INTENSIVE CARE UNIT	31.00	112,354	11.00
12.00		0.00	0	NEONATAL INTENSIVE CARE UNIT	35.00	213,635	12.00
13.00		0.00	0	SUBPROVIDER - IPF	40.00	63,449	13.00
14.00		0.00	0	SUBPROVIDER - IRF	41.00	21,001	14.00
15.00		0.00	0	OPERATING ROOM	50.00	9,313	15.00
16.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	160,636	16.00
17.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	22,661	17.00
18.00		0.00	0	CT SCAN	57.00	32,547	18.00
19.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	50,060	19.00
20.00		0.00	0	INTRAVENOUS THERAPY	64.00	6,491	20.00
21.00		0.00	0	RESPIRATORY THERAPY	65.00	94,171	21.00
22.00		0.00	0	PHYSICAL THERAPY	66.00	130,936	22.00
23.00		0.00	0	ELECTROCARDIOLOGY	69.00	786	23.00
24.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	43,494	24.00
25.00		0.00	0	ENDOSCOPY	76.00	52,712	25.00
26.00		0.00	0	IMAGING CENTERS	76.06	103,840	26.00
27.00		0.00	0	SPINE CENTER	90.26	31,784	27.00
28.00		0.00	0	EMERGENCY	91.00	177,736	28.00
29.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	58,974	29.00
30.00		0.00	0	OTHER NONREIMBURSABLE COST CENTERS	194.08	28,672	30.00
	TOTALS		3,200,084	TOTALS		3,200,084	

RECLASSIFICATIONS

Provider CCN: 150169

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
O - PHARM RESIDENCY PRECEPTOR SALARY REC						
1.00	ALLIED HEALTH-PHARMACY RESIDENCY	23.02	211,120	PHARMACY	15.00	211,120 1.00
			211,120			211,120
O - Drugs Charges to Pat						
1.00	HOUSEKEEPING	9.00		0CENTRAL SERVICES & SUPPLY	14.00	0 1.00
2.00	OPERATING ROOM	50.00		0PHARMACY	15.00	0 2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00		0ADULTS & PEDIATRICS	30.00	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00		0INTENSIVE CARE UNIT	31.00	0 4.00
5.00		0.00		0NEONATAL INTENSIVE CARE UNIT	35.00	0 5.00
6.00		0.00		0SUBPROVIDER - IPF	40.00	0 6.00
7.00		0.00		0SUBPROVIDER - IRF	41.00	0 7.00
8.00		0.00		0RADIOLOGY-DIAGNOSTIC	54.00	0 8.00
9.00		0.00		0RESPIRATORY THERAPY	65.00	0 9.00
10.00		0.00		0PHYSICAL THERAPY	66.00	0 10.00
11.00		0.00		0ELECTROENCEPHALOGRAPHY	70.00	0 11.00
12.00		0.00		0ENDOSCOPY	76.00	0 12.00
13.00		0.00		0IMAGING CENTERS	76.06	0 13.00
14.00		0.00		0BARIATRIC CLINIC	76.08	0 14.00
15.00		0.00		0SPINE CENTER	90.26	0 15.00
16.00		0.00		0EMERGENCY	91.00	0 16.00
	TOTALS			0TOTALS		0
R - Therapy Salary						
1.00	OCCUPATIONAL THERAPY	67.00		PHYSICAL THERAPY	66.00	1.00
2.00	SPEECH PATHOLOGY	68.00				2.00
			0			0
S - Therapy Other						
1.00	PHYSICAL THERAPY	66.00		ADULTS & PEDIATRICS	30.00	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
			0			0
T - Plant Operations Expense						
1.00	OPERATION OF PLANT	7.00		0EMPLOYEE BENEFITS	4.00	0 1.00
2.00		0.00		0ADMINISTRATIVE & GENERAL	5.00	0 2.00
3.00		0.00		0LAUNDRY & LINEN SERVICE	8.00	0 3.00
4.00		0.00		0HOUSEKEEPING	9.00	0 4.00
5.00		0.00		0DIETARY	10.00	0 5.00
6.00		0.00		0CENTRAL SERVICES & SUPPLY	14.00	0 6.00
7.00		0.00		0NONPHYSICIAN ANESTHETISTS	19.00	0 7.00
8.00		0.00		0ADULTS & PEDIATRICS	30.00	0 8.00
9.00		0.00		0INTENSIVE CARE UNIT	31.00	0 9.00
10.00		0.00		0NEONATAL INTENSIVE CARE UNIT	35.00	0 10.00
11.00		0.00		0SUBPROVIDER - IPF	40.00	0 11.00
12.00		0.00		0SUBPROVIDER - IRF	41.00	0 12.00
13.00		0.00		0OPERATING ROOM	50.00	0 13.00
14.00		0.00		0RECOVERY ROOM	51.00	0 14.00
15.00		0.00		0RADIOLOGY-DIAGNOSTIC	54.00	0 15.00
16.00		0.00		0RADIOLOGY-THERAPEUTIC	55.00	0 16.00
17.00		0.00		0CT SCAN	57.00	0 17.00
18.00		0.00		0MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 18.00
19.00		0.00		0RESPIRATORY THERAPY	65.00	0 19.00
20.00		0.00		0PHYSICAL THERAPY	66.00	0 20.00
21.00		0.00		0ELECTROCARDIOLOGY	69.00	0 21.00
22.00		0.00		0ELECTROENCEPHALOGRAPHY	70.00	0 22.00
23.00		0.00		0ENDOSCOPY	76.00	0 23.00
24.00		0.00		0IMAGING CENTERS	76.06	0 24.00
25.00		0.00		0BARIATRIC CLINIC	76.08	0 25.00
26.00		0.00		0SPINE CENTER	90.26	0 26.00
27.00		0.00		0EMERGENCY	91.00	0 27.00
	TOTALS			0TOTALS		0
U - Dietary Food Service Allocation						
1.00	DIETARY	10.00		NURSING ADMINISTRATION	13.00	1.00
2.00				CENTRAL SERVICES & SUPPLY	14.00	2.00
3.00				PHARMACY	15.00	3.00
4.00				SOCIAL SERVICE	17.00	4.00
5.00				ADULTS & PEDIATRICS	30.00	5.00
6.00				INTENSIVE CARE UNIT	31.00	6.00
7.00				NEONATAL INTENSIVE CARE UNIT	35.00	7.00
8.00				SUBPROVIDER - IRF	41.00	8.00
9.00				OPERATING ROOM	50.00	9.00
10.00				RECOVERY ROOM	51.00	10.00
11.00				RADIOLOGY-DIAGNOSTIC	54.00	11.00
12.00				CT SCAN	57.00	12.00

RECLASSIFICATIONS

Provider CCN: 150169

Period:
From 01/01/2012
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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
13.00				MAGNETIC RESONANCE IMAGING (MRI)	58.00		13.00
14.00				INTRAVENOUS THERAPY	64.00		14.00
15.00				RESPIRATORY THERAPY	65.00		15.00
16.00				PHYSICAL THERAPY	66.00		16.00
17.00				ELECTROENCEPHALOGRAPHY	70.00		17.00
18.00				ENDOSCOPY	76.00		18.00
19.00				IMAGING CENTERS	76.06		19.00
20.00				BREAST DIAGNOSTIC CENTERS	76.07		20.00
21.00				BARIATRIC CLINIC	76.08		21.00
22.00				SPINE CENTER	90.26		22.00
23.00				EMERGENCY	91.00		23.00
24.00				PHYSICIANS' PRIVATE OFFICES	192.00		24.00
25.00				OTHER NONREIMBURSABLE COST CENTERS	194.08		25.00
			0				0
V - DUNGYPOYTHRESS ULTRASND PURCH SERV							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		PHYSICIANS' PRIVATE OFFICES	192.00		1.00
			0				0
Z - Radiology School Allied Health							
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01		RADIOLOGY-DIAGNOSTIC	54.00		1.00
			0				0
AA - Radiology School Allied Health							
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	37,475	RADIOLOGY-DIAGNOSTIC	54.00	37,475	1.00
			37,475			37,475	
AB - EIB LIABILITY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	EMPLOYEE BENEFITS	4.00	2,246	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	ADMINISTRATIVE & GENERAL	5.00	8,132	2.00
3.00	OPERATION OF PLANT	7.00	0	OPERATION OF PLANT	7.00	1,032	3.00
4.00	SOCIAL SERVICE	17.00	0	SOCIAL SERVICE	17.00	2,087	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	ADULTS & PEDIATRICS	30.00	9,688	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	RADIOLOGY-DIAGNOSTIC	54.00	1,149	6.00
7.00	PHYSICAL THERAPY	66.00	0	PHYSICAL THERAPY	66.00	5,050	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	ELECTROENCEPHALOGRAPHY	70.00	2,270	8.00
	TOTALS		0	TOTALS		31,654	
500.00	Grand Total: Increases		4,931,957	Grand Total: Decreases		4,963,611	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150169

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,705,851	0	0	0	1.00
2.00	Land Improvements	3,116,937	41,200	0	41,200	2.00
3.00	Buildings and Fixtures	285,673,838	4,703,061	0	4,703,061	3.00
4.00	Building Improvements	5,897,791	0	0	605,203	4.00
5.00	Fixed Equipment	3,118,039	0	0	0	5.00
6.00	Movable Equipment	89,800,749	6,818	0	6,818	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	390,313,205	4,751,079	0	4,751,079	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	390,313,205	4,751,079	0	4,751,079	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,705,851	0			1.00
2.00	Land Improvements	3,158,137	0			2.00
3.00	Buildings and Fixtures	288,107,086	0			3.00
4.00	Building Improvements	5,292,588	0			4.00
5.00	Fixed Equipment	3,118,039	0			5.00
6.00	Movable Equipment	89,370,297	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	391,751,998	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	391,751,998	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150169

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,566,803	0	22,243,199	223,838	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,892,838	0	0	76,204	0	2.00
3.00	Total (sum of lines 1-2)	18,459,641	0	22,243,199	300,042	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	29,033,840				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,969,042				2.00
3.00	Total (sum of lines 1-2)	0	41,002,882				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150169

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	302,381,701	0	302,381,701	0.771870	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	89,370,297	0	89,370,297	0.228130	0	2.00
3.00	Total (sum of lines 1-2)	391,751,998	0	391,751,998	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,566,803	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,843,531	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,410,334	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	564,361	223,838	0	0	7,355,002	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	76,204	0	0	11,919,735	2.00
3.00	Total (sum of lines 1-2)	564,361	300,042	0	0	19,274,737	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150169

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-31,438		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-49,307		CAP REL COSTS-MVBLE EQUIP	2.00	9	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,872,662				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	413,345				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-1,309,384		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 Misc Revenue	B	-128,628		EMPLOYEE BENEFITS	4.00	0	33.00
33.01 Misc Revenue	B	-393,389		ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 Misc Revenue	B	-64,119		OPERATION OF PLANT	7.00	0	33.02
33.03 Misc Revenue	B	-45,321		ADULTS & PEDIATRICS	30.00	0	33.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 150169

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

Worksheet A-8

Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		4.00
33.04	Misc Revenue	B	-1,500	INTENSIVE CARE UNIT	31.00	0	33.04
33.05	Misc Revenue	B	-17,465	OPERATING ROOM	50.00	0	33.05
33.06	Misc Revenue	B	-351	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07	Misc Revenue	B	-452,889	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.07
33.08	Misc Revenue	B	-73,793	PHYSICAL THERAPY	66.00	0	33.08
33.09	Misc Revenue	B	-6,550	ENDOSCOPY	76.00	0	33.09
33.10	Misc Revenue	B	-7,040	IMAGING CENTERS	76.06	0	33.10
33.11	Misc Revenue	B	-14,791	BARIATRIC CLINIC	76.08	0	33.11
33.12	Misc Revenue	B	-138	EMERGENCY	91.00	0	33.12
33.13	Misc Rev MACL	B	-4,881	EMPLOYEE BENEFITS	4.00	0	33.13
33.14	Misc Rev MACL	B	-6,303,750	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	Service Allocation CHE	B	-45,546	EMPLOYEE BENEFITS	4.00	0	33.15
33.16	Service Allocation CHE	B	-514,472	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	Service Allocation CHE	B	-9,381	DIETARY	10.00	0	33.17
33.18	Service Allocation CHE	B	-30,050	ADULTS & PEDIATRICS	30.00	0	33.18
33.19	Service Allocation CHE	B	-55,139	RADIOLOGY-DIAGNOSTIC	54.00	0	33.19
34.00	HAF Tax Offset	A	-26,827,111	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	Misc Rev MACL	B	-6,303,750	ADMINISTRATIVE & GENERAL	5.00	0	34.01
35.00	Space Rental Revenue CBI	B	-335,628	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	Outside Corp Revenue	B	-2,632	LABORATORY	60.00	0	36.00
37.00	Leased Equipment CBI	B	-5,037,176	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	Bad Debt Expense	A	-13,534,264	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	Bad Debt Expense	A	-1,168	SPINE CENTER	90.26	0	38.01
39.00	VEI Interest Income Loans	B	-262,255	CAP REL COSTS-BLDG & FIXT	1.00	11	39.00
39.01	Interest Income IHH Building Loan	B	-2,801,612	CAP REL COSTS-BLDG & FIXT	1.00	11	39.01
39.02	Trustee Fund Interest Income	B	-38,462	CAP REL COSTS-BLDG & FIXT	1.00	11	39.02
39.03	Equity Investment Gain/Loss	B	-10,962,649	CAP REL COSTS-BLDG & FIXT	1.00	11	39.03
39.04	Non Operating Income	B	-6,435,716	CAP REL COSTS-BLDG & FIXT	1.00	11	39.04
41.00	Space Rental Income IHH and OLI	B	-131,830	IMAGING CENTERS	76.06	0	41.00
49.03	Meals of Wheels Cost	A	-35,308	DIETARY	10.00	0	49.03
49.04	Pharmacy Residency Expense	A	250,613	PHARMACY	15.00	0	49.04
49.05	00 Non-Allow Interest Expense	A	-63,706	CAP REL COSTS-BLDG & FIXT	1.00	11	49.05
49.06	00 Non-Allow Interest Expense	A	-467,316	ADMINISTRATIVE & GENERAL	5.00	0	49.06
49.07	97 Non-Allow Interest Expense	A	-38,305	CAP REL COSTS-BLDG & FIXT	1.00	11	49.07
49.08	97 Non-Allow Interest Expense	A	-413,189	ADMINISTRATIVE & GENERAL	5.00	0	49.08
49.09	95 Non-Allow Interest Expense	A	-656,589	CAP REL COSTS-BLDG & FIXT	1.00	11	49.09
49.10	95 Non-Allow Interest Expense	A	-540,533	ADMINISTRATIVE & GENERAL	5.00	0	49.10
49.11	92A Non-Allow Interest Expense	A	-124,323	CAP REL COSTS-BLDG & FIXT	1.00	11	49.11
49.12	92A Non-Allow Interest Expense	A	-92,912	ADMINISTRATIVE & GENERAL	5.00	0	49.12
49.13	92 Non-Allow Interest Expense	A	-56,944	CAP REL COSTS-BLDG & FIXT	1.00	11	49.13
49.14	92 Non-Allow Interest Expense	A	-658	ADMINISTRATIVE & GENERAL	5.00	0	49.14
49.15	INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-352,368	PALLIATIVE CARE	90.24	0	49.15
49.16	INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-67,776	DIABETIC CARE CENTER	90.27	0	49.16
49.17	LOC Non-Allow Interest Expense	A	-564,261	CAFETERIA	11.00	0	49.17
49.18	LOC Non-Allow Interest Expense	A	-26,478	ADMINISTRATIVE & GENERAL	5.00	0	49.18
49.19	92 Non-Allow Interest Expense	A	-238,277	CAP REL COSTS-BLDG & FIXT	1.00	11	49.19
49.20	92 Non-Allow Interest Expense	A	-7,145	ADMINISTRATIVE & GENERAL	5.00	0	49.20
49.21	INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-149,111	ALLIED HEALTH-EMS PROGRAM	23.00	0	49.21
49.22	INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-68,499	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	0	49.22
49.49	Medical Director Allocation	A	69,422	INTENSIVE CARE UNIT	31.00	0	49.49
49.56	Fishers Park Sponsorship	A	-20,000	ADMINISTRATIVE & GENERAL	5.00	0	49.56
49.58	Foundation Contributions	B	-20,594	EMPLOYEE BENEFITS	4.00	0	49.58
49.59	Foundation Contributions	B	-78,669	ADMINISTRATIVE & GENERAL	5.00	0	49.59
49.60	Foundation Contributions	B	-8,188	SOCIAL SERVICE	17.00	0	49.60
49.61	Foundation Contributions	B	-2,621	NEONATAL INTENSIVE CARE UNIT	35.00	0	49.61
49.62	Non Allow Marketing Expense	A	-15,434	EMPLOYEE BENEFITS	4.00	0	49.62
49.63	Non Allow Marketing Expense	A	-7,999,416	ADMINISTRATIVE & GENERAL	5.00	0	49.63
49.64	Corporate Sponsorship	A	4,741	EMPLOYEE BENEFITS	4.00	0	49.64
49.65	Corporate Sponsorship	A	13,318	ADMINISTRATIVE & GENERAL	5.00	0	49.65

Provider CCN: 150169

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

Worksheet A-8

Date/Time Prepared:
 5/30/2013 10:56 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-95,463,418				50.00

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

Provider CCN: 150169

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 10:56 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	74,184	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	339,161	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		413,345	0	5.00

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

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

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

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

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

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

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

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

Provider CCN: 150169

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

Worksheet A-8-1

Date/Time Prepared:
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	74,184	0		1.00
2.00	339,161	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	413,345			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150169

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 10:56 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,075,457	1,075,457	0	0	0	1.00
2.00	19.00	DR. A	20,000	0	20,000	177,200	200	2.00
3.00	35.00	DR. B	75,000	0	75,000	196,400	252	3.00
4.00	41.00	DR. C	171,612	171,612	0	0	0	4.00
5.00	50.00	DR. D	110,000	0	110,000	208,000	1,488	5.00
6.00	60.00	DR. E	125,004	0	125,004	215,700	1,040	6.00
7.00	76.06	DR. F	50,000	0	50,000	225,300	264	7.00
8.00	91.00	DR. G	703,253	503,253	200,000	177,200	2,000	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,330,326	1,750,322	580,004		5,244	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	19.00	DR. A	17,038	852	0	0	0	2.00
3.00	35.00	DR. B	23,795	1,190	0	0	0	3.00
4.00	41.00	DR. C	0	0	0	0	0	4.00
5.00	50.00	DR. D	148,800	7,440	0	0	0	5.00
6.00	60.00	DR. E	107,850	5,393	0	0	0	6.00
7.00	76.06	DR. F	28,596	1,430	0	0	0	7.00
8.00	91.00	DR. G	170,385	8,519	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			496,464	24,824	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	1,075,457		1.00
2.00	19.00	DR. A	0	17,038	2,962	2,962		2.00
3.00	35.00	DR. B	0	23,795	51,205	51,205		3.00
4.00	41.00	DR. C	0	0	0	171,612		4.00
5.00	50.00	DR. D	0	148,800	0	0		5.00
6.00	60.00	DR. E	0	107,850	17,154	17,154		6.00
7.00	76.06	DR. F	0	28,596	21,404	21,404		7.00
8.00	91.00	DR. G	0	170,385	29,615	532,868		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	496,464	122,340	1,872,662		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,355,002	7,355,002			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,919,735		11,919,735		2.00
4.00 00400	EMPLOYEE BENEFITS	20,966,469	18,920	18,176	21,003,565	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	58,049,204	867,782	7,492,616	7,138,378	5.00
7.00 00700	OPERATION OF PLANT	8,656,348	901,351	93,167	363,191	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	807,623	24,209	0	498	8.00
9.00 00900	HOUSEKEEPING	2,840,736	44,316	8,303	297,248	9.00
10.00 01000	DIETARY	659,348	85,968	38,393	107,740	10.00
11.00 01100	CAFETERIA	1,712,477	139,554	62,323	241,623	11.00
13.00 01300	NURSING ADMINISTRATION	2,651,935	37,431	1,112	57,130	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,427,163	157,287	82,227	0	14.00
15.00 01500	PHARMACY	3,525,699	75,670	75,276	454,291	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,109,162	9,480	0	53,787	16.00
17.00 01700	SOCIAL SERVICE	1,994,572	3,313	0	240,109	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	7,785	187,557	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	74,184	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	339,161	0	0	0	22.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	0	8,522	0	0	23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	40,342	0	0	6,105	23.01
23.02 02302	ALLIED HEALTH-PHARMACY RESIDENCY	211,120	0	0	34,391	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,622,775	1,767,985	457,861	4,215,034	30.00
31.00 03100	INTENSIVE CARE UNIT	3,129,159	220,732	55,188	424,533	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	5,485,505	416,059	251,275	766,988	35.00
40.00 04000	SUBPROVIDER - I PF	1,387,407	114,627	14,173	191,050	40.00
41.00 04100	SUBPROVIDER - I RF	4,511,805	321,719	31,065	663,787	41.00
43.00 04300	NURSERY	1,478,382	141,610	35,153	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,101,525	321,409	467,281	707,111	50.00
51.00 05100	RECOVERY ROOM	2,471,220	184,020	43,671	374,591	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,593,106	683,692	169,718	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,057,972	118,260	474,699	435,032	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	928,028	78,194	218,060	48,635	55.00
57.00 05700	CT SCAN	1,905,772	15,218	43,612	131,503	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,953,618	54,016	392,298	111,636	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	6,894,068	58,177	699	0	60.00
64.00 06400	INTRAVENOUS THERAPY	301,068	2,026	2,048	42,186	64.00
65.00 06500	RESPIRATORY THERAPY	2,937,247	64,793	73,920	381,645	65.00
66.00 06600	PHYSICAL THERAPY	5,358,822	0	21,448	876,407	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,152,109	0	11,630	0	67.00
68.00 06800	SPEECH PATHOLOGY	632,252	0	3,416	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,365,111	0	18,747	3,955	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,885,284	15,826	85,373	157,634	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,882,950	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,706,044	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,730,064	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	494,826	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	1,162,114	83,573	167,370	130,751	76.00
76.02 03950	HRC NEUROPSYCHOLOGY	38,506	0	0	0	76.02
76.06 03955	IMAGING CENTERS	2,804,756	0	582,450	239,064	76.06
76.07 03956	BREAST DIAGNOSTIC CENTERS	4,401,260	0	0	0	76.07
76.08 03957	BARIATRIC CLINIC	2,199,609	0	5,712	243,345	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.24 04973	PALLIATIVE CARE	-238,277	0	0	0	90.24
90.25 04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.25
90.26 04975	SPINE CENTER	1,535,935	0	45,840	191,888	90.26
90.27 04976	DIABETIC CARE CENTER	-7,145	0	0	0	90.27
91.00 09100	EMERGENCY	6,071,024	275,616	44,473	789,814	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
116.00	11600	HOSPI CE	0	1.00	2.00	4.00	4A	
118.00		SUBTOTALS (SUM OF LINES 1-117)	267,274,181	7,311,355	11,596,558	20,308,637	266,212,429	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,776	0	0	34,776	190.00
191.00	19100	RESEARCH	33,175	0	0	0	33,175	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,373,012	8,871	52,710	613,448	13,048,041	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.06	07956	MEDICAL OFFICE BUILDINGS	2,443,524	0	267,464	0	2,710,988	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	1,682,531	0	3,003	81,480	1,767,014	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	283,806,423	7,355,002	11,919,735	21,003,565	283,806,423	202.00
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	73,547,980					5.00
7.00	00700	OPERATION OF PLANT	3,498,811	13,512,868				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	290,808	58,763	1,181,901			8.00
9.00	00900	HOUSEKEEPING	1,114,765	107,570	0	4,412,938		9.00
10.00	01000	DIETARY	311,463	208,673	0	68,996	1,480,581	10.00
11.00	01100	CAFETERIA	753,277	338,746	0	112,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	959,987	90,857	0	30,041	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,281,100	381,788	0	126,236	0	14.00
15.00	01500	PHARMACY	1,443,308	183,676	0	60,731	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,108,415	23,011	0	7,608	0	16.00
17.00	01700	SOCIAL SERVICE	781,933	8,042	0	2,659	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	68,251	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,919	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	118,499	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	2,978	20,686	0	6,840	0	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	16,228	0	0	0	0	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	85,779	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,805,196	4,291,498	494,731	1,418,953	1,065,876	30.00
31.00	03100	INTENSIVE CARE UNIT	1,338,028	535,792	81,444	177,156	73,526	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,417,718	1,009,915	36,001	333,921	0	35.00
40.00	04000	SUBPROVIDER - I PF	596,499	278,239	15,940	91,998	81,533	40.00
41.00	04100	SUBPROVIDER - I RF	1,931,559	780,920	34,698	258,206	259,646	41.00
43.00	04300	NURSERY	578,291	343,736	35,353	113,654	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,401,380	780,169	68,457	257,957	0	50.00
51.00	05100	RECOVERY ROOM	1,073,851	446,679	0	147,691	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,951,128	1,659,552	170,685	548,719	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,776,985	287,056	55,926	94,913	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	444,744	189,804	13,347	62,757	0	55.00
57.00	05700	CT SCAN	732,358	36,939	0	12,214	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,576,297	131,114	0	43,352	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,429,289	141,215	0	46,692	0	60.00
64.00	06400	INTRAVENOUS THERAPY	121,353	4,917	0	1,626	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,208,053	157,274	0	52,002	0	65.00
66.00	06600	PHYSICAL THERAPY	2,186,020	0	3,435	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	755,989	0	1,863	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	222,096	0	548	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	484,888	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	749,133	38,416	0	12,702	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,453,004	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,089,975	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,700,807	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	172,887	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	539,391	202,860	29,637	67,074	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
76.02	03950	HRC NEUROPSYCHOLOGY	13,454	0	0	0	0	76.02
76.06	03955	IMAGING CENTERS	1,266,982	0	0	0	0	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	1,537,756	0	0	0	0	76.07
76.08	03957	BARIATRIC CLINIC	855,539	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975	SPINE CENTER	619,700	0	301	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	2,508,944	669,014	139,535	221,205	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,400,815	13,406,921	1,181,901	4,377,907	1,480,581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,150	84,414	0	27,911	0	190.00
191.00	19100	RESEARCH	11,591	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,558,855	21,533	0	7,120	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.06	07956	MEDICAL OFFICE BUILDINGS	947,192	0	0	0	0	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	617,377	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	73,547,980	13,512,868	1,181,901	4,412,938	1,480,581	202.00
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,360,004					11.00
13.00	01300	NURSING ADMINISTRATION	37,264	3,865,757				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,455,801			14.00
15.00	01500	PHARMACY	111,793	0	1,078,976	7,009,420		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,421	0	21	0	4,323,905	16.00
17.00	01700	SOCIAL SERVICE	65,213	0	1,234	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	21,738	0	20,913	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	6,211	11,353	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	0	0	0	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	9,316	17,030	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,006,138	1,839,213	245,093	929	369,750	30.00
31.00	03100	INTENSIVE CARE UNIT	114,898	210,034	45,301	34	55,152	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	204,954	374,655	41,618	188	283,676	35.00
40.00	04000	SUBPROVIDER - IPF	62,107	113,532	6,377	15	33,301	40.00
41.00	04100	SUBPROVIDER - IRF	220,481	403,038	23,316	6	80,262	41.00
43.00	04300	NURSERY	55,897	102,179	24,145	0	38,410	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	204,954	374,655	2,973,411	0	444,112	50.00
51.00	05100	RECOVERY ROOM	96,266	0	32,887	0	108,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	273,272	0	116,572	0	185,446	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,898	0	59,199	4,854	147,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,527	0	137,559	0	49,830	55.00
57.00	05700	CT SCAN	49,686	0	28,126	0	216,287	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,159	0	22,926	0	108,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	199,072	0	350,912	60.00
64.00	06400	INTRAVENOUS THERAPY	12,421	0	21,181	0	7,508	64.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B Part I Date/Time Prepared: 5/30/2013 10:56 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
65.00	06500	RESPIRATORY THERAPY	105,582	0	55,867	803	121,956	65.00
66.00	06600	PHYSICAL THERAPY	124,215	0	38,420	877	97,352	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,529	0	0	0	46,905	67.00
68.00	06800	SPEECH PATHOLOGY	21,738	0	0	0	15,922	68.00
69.00	06900	ELECTROCARDIOLOGY	3,105	0	1,295	0	45,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,211	0	15,628	0	70,868	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	220,567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	192,459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,993,869	341,009	73.00
74.00	07400	RENAL DIALYSIS	0	0	7,742	0	7,749	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	37,264	0	78,162	13	46,547	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	0	0	0	0	140	76.02
76.06	03955	IMAGING CENTERS	0	0	39,097	142	182,249	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0	0	1,422	0	41,644	76.07
76.08	03957	BARIATRIC CLINIC	0	0	21,330	83	13,163	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975	SPIRE CENTER	0	0	4,868	7,471	10,787	90.26
90.27	04976	DIABETIC CARE CENTER	229,797	420,068	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	97,766	136	390,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,332,055	3,865,757	5,439,524	7,009,420	4,323,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,211	0	10,599	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.06	07956	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	21,738	0	5,678	0	0	194.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,360,004	3,865,757	5,455,801	7,009,420	4,323,905	202.00
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH-EMS PROGRAM		
		17.00	19.00	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	23.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,097,075	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	306,244	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	100,103	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	457,660	0	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	0	0	0	0	56,590	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	0	0	0	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,768,231	0	70,573	322,651	0	30.00
31.00	03100	INTENSIVE CARE UNIT	122,908	0	7,476	34,181	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	367,658	0	0	0	0	35.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH-EMS PROGRAM		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			17.00	19.00			21.00
40.00 04000 SUBPROVIDER - I/PF	140,583	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I/RP	447,692	0	0	0	0	41.00	
43.00 04300 NURSERY	250,003	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	306,244	2,972	13,587	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00 03330 ENDOSCOPY	0	0	751	3,432	0	76.00	
76.02 03950 HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02	
76.06 03955 IMAGING CENTERS	0	0	0	0	0	76.06	
76.07 03956 BREAST DIAGNOSTIC CENTERS	0	0	0	0	0	76.07	
76.08 03957 BARIATRIC CLINIC	0	0	0	0	0	76.08	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.24 04973 PALLIATIVE CARE	0	0	0	0	0	90.24	
90.25 04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25	
90.26 04975 SPINE CENTER	0	0	0	0	0	90.26	
90.27 04976 DIABETIC CARE CENTER	0	0	0	0	0	90.27	
91.00 09100 EMERGENCY	0	0	18,331	83,809	56,590	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	3,097,075	306,244	100,103	457,660	56,590	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.06 07956 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.06	
194.08 07958 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08	
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)	3,097,075	306,244	100,103	457,660	56,590	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ALLIED HEALTH-RADIOLOGY SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM						23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	62,675					23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	357,636				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	50,762,487	-393,224	50,369,263	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,625,542	-41,657	6,583,885	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	11,990,131	0	11,990,131	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	3,127,381	0	3,127,381	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	9,968,200	0	9,968,200	41.00
43.00	04300	NURSERY	0	0	3,196,813	0	3,196,813	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	22,425,224	-16,559	22,408,665	50.00
51.00	05100	RECOVERY ROOM	0	0	4,979,105	0	4,979,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	14,351,890	0	14,351,890	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,675	0	7,689,897	0	7,689,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,186,485	0	2,186,485	55.00
57.00	05700	CT SCAN	0	0	3,171,715	0	3,171,715	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	6,428,142	0	6,428,142	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	10,120,124	0	10,120,124	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	516,334	0	516,334	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,159,142	0	5,159,142	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,706,996	0	8,706,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,043,025	0	3,043,025	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	895,972	0	895,972	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,922,372	0	1,922,372	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,037,075	0	3,037,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,556,521	0	13,556,521	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	15,988,478	0	15,988,478	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	357,636	18,123,385	0	18,123,385	73.00
74.00	07400	RENAL DIALYSIS	0	0	683,204	0	683,204	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	0	2,548,939	-4,183	2,544,756	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	0	0	52,100	0	52,100	76.02
76.06	03955	IMAGING CENTERS	0	0	5,114,740	0	5,114,740	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0	0	5,982,082	0	5,982,082	76.07
76.08	03957	BARIATRIC CLINIC	0	0	3,338,781	0	3,338,781	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	-238,277	0	-238,277	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975	SPIRE CENTER	0	0	2,416,790	0	2,416,790	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	642,720	0	642,720	90.27
91.00	09100	EMERGENCY	0	0	11,366,545	-102,140	11,264,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,675	357,636	259,880,060	-557,763	259,322,297	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150169

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ALLIED HEALTH-RADIOLOGY SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	23.02	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	159,251	0	159,251	190.00
191.00	19100	RESEARCH	0	0	44,766	0	44,766	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	17,652,359	0	17,652,359	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.06	07956	MEDICAL OFFICE BUILDINGS	0	0	3,658,180	0	3,658,180	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	2,411,807	0	2,411,807	194.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	62,675	357,636	283,806,423	-557,763	283,248,660	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150169

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

Worksheet Non-CMS W

Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	FTE'S	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	P	TOTAL PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	ALLIED HEALTH-EMS PROGRAM	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 10:56 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	18,920	18,176	37,096	37,096 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	867,782	7,492,616	8,360,398	12,582 5.00
7.00 00700	OPERATION OF PLANT	0	901,351	93,167	994,518	642 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	24,209	0	24,209	1 8.00
9.00 00900	HOUSEKEEPING	0	44,316	8,303	52,619	526 9.00
10.00 01000	DIETARY	0	85,968	38,393	124,361	190 10.00
11.00 01100	CAFETERIA	0	139,554	62,323	201,877	427 11.00
13.00 01300	NURSING ADMINISTRATION	0	37,431	1,112	38,543	101 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	157,287	82,227	239,514	0 14.00
15.00 01500	PHARMACY	0	75,670	75,276	150,946	803 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	9,480	0	9,480	95 16.00
17.00 01700	SOCIAL SERVICE	0	3,313	0	3,313	425 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	7,785	7,785	332 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	0	8,522	0	8,522	0 23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	0	0	11 23.01
23.02 02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	0	0	0	61 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,767,985	457,861	2,225,846	7,452 30.00
31.00 03100	INTENSIVE CARE UNIT	0	220,732	55,188	275,920	751 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	416,059	251,275	667,334	1,356 35.00
40.00 04000	SUBPROVIDER - I/PF	0	114,627	14,173	128,800	338 40.00
41.00 04100	SUBPROVIDER - I/RF	0	321,719	31,065	352,784	1,174 41.00
43.00 04300	NURSERY	0	141,610	35,153	176,763	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	321,409	467,281	788,690	1,250 50.00
51.00 05100	RECOVERY ROOM	0	184,020	43,671	227,691	662 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	683,692	169,718	853,410	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	118,260	474,699	592,959	769 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	78,194	218,060	296,254	86 55.00
57.00 05700	CT SCAN	0	15,218	43,612	58,830	232 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	54,016	392,298	446,314	197 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	58,177	699	58,876	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	2,026	2,048	4,074	75 64.00
65.00 06500	RESPIRATORY THERAPY	0	64,793	73,920	138,713	675 65.00
66.00 06600	PHYSICAL THERAPY	0	0	21,448	21,448	1,549 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	11,630	11,630	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	3,416	3,416	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	18,747	18,747	7 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,826	85,373	101,199	279 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03330	ENDOSCOPY	0	83,573	167,370	250,943	231 76.00
76.02 03950	HRC NEUROPSYCHOLOGY	0	0	0	0	0 76.02
76.06 03955	IMAGING CENTERS	0	0	582,450	582,450	423 76.06
76.07 03956	BREAST DIAGNOSTIC CENTERS	0	0	0	0	0 76.07
76.08 03957	BARIATRIC CLINIC	0	0	5,712	5,712	430 76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.24 04973	PALLIATIVE CARE	0	0	0	0	0 90.24
90.25 04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0 90.25
90.26 04975	SPINE CENTER	0	0	45,840	45,840	339 90.26
90.27 04976	DIABETIC CARE CENTER	0	0	0	0	0 90.27
91.00 09100	EMERGENCY	0	275,616	44,473	320,089	1,396 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS				
		BLDG & FIXT	MVBLE EQUIP						
		1.00	2.00				2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)		0	7,311,355	11,596,558	18,907,913	35,867	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,776	0	34,776	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,871	52,710	61,581	1,085	192.00	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.06	07956	MEDICAL OFFICE BUILDINGS	0	0	267,464	267,464	0	194.06	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,003	3,003	144	194.08	194.08
200.00		Cross Foot Adjustments				0	0	200.00	200.00
201.00		Negative Cost Centers				0	0	201.00	201.00
202.00		TOTAL (sum lines 118-201)	0	7,355,002	11,919,735	19,274,737	37,096	202.00	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 10:56 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	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	
5.00	00500	ADMINISTRATIVE & GENERAL	8,372,980				5.00	
7.00	00700	OPERATION OF PLANT	398,319	1,393,479			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	33,107	6,060	63,377		8.00	
9.00	00900	HOUSEKEEPING	126,909	11,093	0	191,147	9.00	
10.00	01000	DIETARY	35,458	21,519	0	2,989	184,517	10.00
11.00	01100	CAFETERIA	85,756	34,932	0	4,851	0	11.00
13.00	01300	NURSING ADMINISTRATION	109,289	9,369	0	1,301	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	145,846	39,371	0	5,468	0	14.00
15.00	01500	PHARMACY	164,312	18,941	0	2,631	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	126,187	2,373	0	330	0	16.00
17.00	01700	SOCIAL SERVICE	89,018	829	0	115	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	7,770	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,951	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,490	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	339	2,133	0	296	0	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	1,847	0	0	0	0	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	9,765	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,116,236	442,550	26,529	61,464	132,835	30.00
31.00	03100	INTENSIVE CARE UNIT	152,327	55,252	4,367	7,674	9,163	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	275,243	104,145	1,930	14,464	0	35.00
40.00	04000	SUBPROVIDER - I/PF	67,908	28,693	855	3,985	10,161	40.00
41.00	04100	SUBPROVIDER - I/RF	219,897	80,530	1,861	11,184	32,358	41.00
43.00	04300	NURSERY	65,835	35,447	1,896	4,923	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	501,071	80,453	3,671	11,173	0	50.00
51.00	05100	RECOVERY ROOM	122,252	46,063	0	6,397	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	335,969	171,137	9,153	23,768	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	202,299	29,602	2,999	4,111	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	50,632	19,573	716	2,718	0	55.00
57.00	05700	CT SCAN	83,375	3,809	0	529	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	179,452	13,521	0	1,878	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	276,560	14,562	0	2,022	0	60.00
64.00	06400	INTRAVENOUS THERAPY	13,815	507	0	70	0	64.00
65.00	06500	RESPIRATORY THERAPY	137,530	16,218	0	2,252	0	65.00
66.00	06600	PHYSICAL THERAPY	248,866	0	184	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,065	0	100	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	25,284	0	29	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	55,202	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,284	3,962	0	550	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	393,104	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	465,620	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	307,471	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,682	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	61,407	20,919	1,589	2,905	0	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	1,532	0	0	0	0	76.02
76.06	03955	IMAGING CENTERS	144,239	0	0	0	0	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	175,065	0	0	0	0	76.07
76.08	03957	BARIATRIC CLINIC	97,398	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975	SPINE CENTER	70,549	0	16	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	285,629	68,990	7,482	9,582	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,673,161	1,382,553	63,377	189,630	184,517	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,383	8,705	0	1,209	0	190.00
191.00	19100	RESEARCH	1,320	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 10:56 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	518,999	2,221	0	308	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.06	07956	MEDICAL OFFICE BUILDINGS	107,832	0	0	0	0	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	70,285	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,372,980	1,393,479	63,377	191,147	184,517	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 10:56 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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	327,843					11.00
13.00	01300	3,636	162,239				13.00
14.00	01400	0	0	430,199			14.00
15.00	01500	10,908	0	85,082	433,623		15.00
16.00	01600	1,212	0	2	0	139,679	16.00
17.00	01700	6,363	0	97	0	0	17.00
19.00	01900	2,121	0	1,649	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	606	476	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	909	715	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	98,169	77,188	19,327	57	11,973	30.00
31.00	03100	11,211	8,815	3,572	2	1,786	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	19,998	15,724	3,282	12	9,186	35.00
40.00	04000	6,060	4,765	503	1	1,078	40.00
41.00	04100	21,513	16,915	1,839	5	2,599	41.00
43.00	04300	5,454	4,288	1,904	0	1,244	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	19,998	15,724	234,452	0	14,043	50.00
51.00	05100	9,393	0	2,593	0	3,505	51.00
52.00	05200	26,664	0	9,192	0	6,005	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	11,211	0	4,668	300	4,774	54.00
55.00	05500	1,515	0	10,847	0	1,614	55.00
57.00	05700	4,848	0	2,218	0	7,004	57.00
58.00	05800	3,333	0	1,808	0	3,521	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	15,698	0	11,363	60.00
64.00	06400	1,212	0	1,670	0	243	64.00
65.00	06500	10,302	0	4,405	50	3,949	65.00
66.00	06600	12,120	0	3,030	54	3,152	66.00
67.00	06700	7,272	0	0	0	1,519	67.00
68.00	06800	2,121	0	0	0	516	68.00
69.00	06900	303	0	102	0	1,466	69.00
70.00	07000	606	0	1,232	0	2,295	70.00
71.00	07100	0	0	0	0	7,142	71.00
72.00	07200	0	0	0	0	6,232	72.00
73.00	07300	0	0	0	432,662	11,043	73.00
74.00	07400	0	0	610	0	251	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03330	3,636	0	6,163	1	1,507	76.00
76.02	03950	0	0	0	0	5	76.02
76.06	03955	0	0	3,083	9	5,902	76.06
76.07	03956	0	0	112	0	1,349	76.07
76.08	03957	0	0	1,682	5	426	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.24	04973	0	0	0	0	0	90.24
90.25	04974	0	0	0	0	0	90.25
90.26	04975	0	0	384	462	349	90.26
90.27	04976	22,422	17,629	0	0	0	90.27
91.00	09100	0	0	7,709	8	12,638	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		325,116	162,239	428,915	433,623	139,679	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	606	0	836	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.06	07956 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.06
194.08	07958 OTHER NONREIMBURSABLE COST CENTERS	2,121	0	448	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	327,843	162,239	430,199	433,623	139,679	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH-EMS PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.00	19.00		
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700	100,160					17.00
19.00 01900		19,657				19.00
21.00 02100		0	2,951			21.00
22.00 02200		0		13,490		22.00
23.00 02300		0			12,372	23.00
23.01 02301		0				23.01
23.02 02302		0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	57,186					30.00
31.00 03100	3,975					31.00
32.00 03200	0					32.00
35.00 02060	11,890					35.00
40.00 04000	4,546					40.00
41.00 04100	14,478					41.00
43.00 04300	8,085					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0					50.00
51.00 05100	0					51.00
52.00 05200	0					52.00
53.00 05300	0					53.00
54.00 05400	0					54.00
55.00 05500	0					55.00
57.00 05700	0					57.00
58.00 05800	0					58.00
59.00 05900	0					59.00
60.00 06000	0					60.00
64.00 06400	0					64.00
65.00 06500	0					65.00
66.00 06600	0					66.00
67.00 06700	0					67.00
68.00 06800	0					68.00
69.00 06900	0					69.00
70.00 07000	0					70.00
71.00 07100	0					71.00
72.00 07200	0					72.00
73.00 07300	0					73.00
74.00 07400	0					74.00
75.00 07500	0					75.00
76.00 03330	0					76.00
76.02 03950	0					76.02
76.06 03955	0					76.06
76.07 03956	0					76.07
76.08 03957	0					76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0					90.00
90.24 04973	0					90.24
90.25 04974	0					90.25
90.26 04975	0					90.26
90.27 04976	0					90.27
91.00 09100	0					91.00
92.00 09200	0					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300						113.00
114.00 11400						114.00
115.00 11500	0					115.00
116.00 11600	0					116.00
118.00	100,160	0	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

Worksheet B
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH-EMS PROGRAM			
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			17.00	19.00			21.00	22.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00	
191.00	19100	RESEARCH	0				191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				192.00	
193.00	19300	NONPAID WORKERS	0				193.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0				194.00	
194.06	07956	MEDICAL OFFICE BUILDINGS	0				194.06	
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0				194.08	
200.00		Cross Foot Adjustments		19,657	2,951	13,490	12,372	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	100,160	19,657	2,951	13,490	12,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 10:56 am		
Cost Center Description			ALLIED HEALTH-RADIOLOGY SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.02	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM					23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	1,858				23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY		11,450			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			4,276,812	0	30.00
31.00	03100	INTENSIVE CARE UNIT			534,815	0	31.00
32.00	03200	CORONARY CARE UNIT			0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			1,124,564	0	35.00
40.00	04000	SUBPROVIDER - I PF			257,693	0	40.00
41.00	04100	SUBPROVIDER - I RF			757,132	0	41.00
43.00	04300	NURSERY			305,839	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			1,670,525	0	50.00
51.00	05100	RECOVERY ROOM			418,556	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,435,298	0	52.00
53.00	05300	ANESTHESIOLOGY			0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			853,692	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			383,955	0	55.00
57.00	05700	CT SCAN			160,845	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			650,024	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	59.00
60.00	06000	LABORATORY			379,081	0	60.00
64.00	06400	INTRAVENOUS THERAPY			21,666	0	64.00
65.00	06500	RESPIRATORY THERAPY			314,094	0	65.00
66.00	06600	PHYSICAL THERAPY			290,403	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			106,586	0	67.00
68.00	06800	SPEECH PATHOLOGY			31,366	0	68.00
69.00	06900	ELECTROCARDIOLOGY			75,827	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			195,407	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			400,246	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			471,852	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			751,176	0	73.00
74.00	07400	RENAL DIALYSIS			20,543	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	75.00
76.00	03330	ENDOSCOPY			349,301	0	76.00
76.02	03950	HRC NEUROPSYCHOLOGY			1,537	0	76.02
76.06	03955	IMAGING CENTERS			736,106	0	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS			176,526	0	76.07
76.08	03957	BARIATRIC CLINIC			105,653	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			0	0	90.00
90.24	04973	PALLIATIVE CARE			0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER			0	0	90.25
90.26	04975	SPINE CENTER			117,939	0	90.26
90.27	04976	DIABETIC CARE CENTER			40,051	0	90.27
91.00	09100	EMERGENCY			713,523	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	115.00
116.00	11600	HOSPICE			0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	18,128,633	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150169

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

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Cost Center Description		ALLIED HEALTH-RADIOLOGY SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	23.02	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		46,073	0	46,073	190.00	
191.00	19100	RESEARCH		1,320	0	1,320	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		585,636	0	585,636	192.00	
193.00	19300	NONPAID WORKERS		0	0	0	193.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00	
194.06	07956	MEDICAL OFFICE BUILDINGS		375,296	0	375,296	194.06	
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		76,001	0	76,001	194.08	
200.00		Cross Foot Adjustments	1,858	11,450	61,778	0	61,778	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,858	11,450	19,274,737	0	19,274,737	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	737,058				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		18,459,642			2.00
4.00 00400	EMPLOYEE BENEFITS	1,896	28,148	128,936,811		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	86,962	11,603,535	43,821,063	-73,547,980	5.00
7.00 00700	OPERATION OF PLANT	90,326	144,284	2,229,560	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,426	0	3,059	0	8.00
9.00 00900	HOUSEKEEPING	4,441	12,859	1,824,749	0	9.00
10.00 01000	DIETARY	8,615	59,458	661,393	0	10.00
11.00 01100	CAFETERIA	13,985	96,517	1,483,278	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,751	1,722	350,709	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,762	127,342	0	0	14.00
15.00 01500	PHARMACY	7,583	116,577	2,788,805	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	950	0	330,188	0	16.00
17.00 01700	SOCIAL SERVICE	332	0	1,473,982	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	12,057	1,151,378	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	854	0	0	0	23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	37,475	0	23.01
23.02 02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	0	211,120	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	177,173	709,072	25,875,297	0	30.00
31.00 03100	INTENSIVE CARE UNIT	22,120	85,467	2,606,126	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	41,694	389,140	4,708,397	0	35.00
40.00 04000	SUBPROVIDER - I/PF	11,487	21,949	1,172,819	0	40.00
41.00 04100	SUBPROVIDER - I/RF	32,240	48,109	4,074,864	0	41.00
43.00 04300	NURSERY	14,191	54,440	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	32,209	723,660	4,340,818	0	50.00
51.00 05100	RECOVERY ROOM	18,441	67,631	2,299,542	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	68,514	262,836	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,851	735,148	2,670,581	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,836	337,701	298,558	0	55.00
57.00 05700	CT SCAN	1,525	67,540	807,270	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,413	607,536	685,313	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	5,830	1,082	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	203	3,171	258,974	0	64.00
65.00 06500	RESPIRATORY THERAPY	6,493	114,477	2,342,847	0	65.00
66.00 06600	PHYSICAL THERAPY	0	33,216	5,380,099	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	18,011	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,291	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	29,033	24,279	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,586	132,214	967,683	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	8,375	259,200	802,653	0	76.00
76.02 03950	HRC NEUROPSYCHOLOGY	0	0	0	0	76.02
76.06 03955	IMAGING CENTERS	0	902,018	1,467,567	0	76.06
76.07 03956	BREAST DIAGNOSTIC CENTERS	0	0	0	0	76.07
76.08 03957	BARITRIC CLINIC	0	8,846	1,493,846	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.24 04973	PALLIATIVE CARE	0	0	0	238,277	90.24
90.25 04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.25
90.26 04975	SPIRE CENTER	0	70,990	1,177,966	0	90.26
90.27 04976	DIABETIC CARE CENTER	0	0	0	7,145	90.27
91.00 09100	EMERGENCY	27,620	68,874	4,848,518	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00						
118.00	SUBTOTALS (SUM OF LINES 1-117)		732,684	17,959,151	124,670,776	-73,302,558	192,909,871	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,485	0	0	0	34,776	190.00
191.00	19100	RESEARCH	0	0	0	0	33,175	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	889	81,630	3,765,842	0	13,048,041	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.06	07956	MEDICAL OFFICE BUILDINGS	0	414,211	0	0	2,710,988	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	4,650	500,193	0	1,767,014	194.08
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		7,355,002	11,919,735	21,003,565		73,547,980	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		9.978865	0.645719	0.162898		0.349390	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				37,096		8,372,980	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000288		0.039776	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	557,874				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,426	364,738			8.00
9.00	00900	HOUSEKEEPING	4,441	0	551,007		9.00
10.00	01000	DIETARY	8,615	0	8,615	71,929	10.00
11.00	01100	CAFETERIA	13,985	0	13,985	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,751	0	3,751	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,762	0	15,762	0	14.00
15.00	01500	PHARMACY	7,583	0	7,583	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	950	0	950	0	16.00
17.00	01700	SOCIAL SERVICE	332	0	332	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	854	0	854	0	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	0	0	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	177,173	152,675	177,173	51,782	30.00
31.00	03100	INTENSIVE CARE UNIT	22,120	25,134	22,120	3,572	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	41,694	11,110	41,694	0	35.00
40.00	04000	SUBPROVIDER - I PF	11,487	4,919	11,487	3,961	40.00
41.00	04100	SUBPROVIDER - I RF	32,240	10,708	32,240	12,614	41.00
43.00	04300	NURSERY	14,191	10,910	14,191	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,209	21,126	32,209	0	50.00
51.00	05100	RECOVERY ROOM	18,441	0	18,441	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,514	52,674	68,514	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,851	17,259	11,851	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,836	4,119	7,836	0	55.00
57.00	05700	CT SCAN	1,525	0	1,525	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,413	0	5,413	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	5,830	0	5,830	0	60.00
64.00	06400	INTRAVENOUS THERAPY	203	0	203	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,493	0	6,493	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,060	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	575	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	169	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,586	0	1,586	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	8,375	9,146	8,375	0	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	0	0	0	0	76.02
76.06	03955	IMAGING CENTERS	0	0	0	0	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0	0	0	0	76.07
76.08	03957	BARIATRIC CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.25
90.26	04975	SPINE CENTER	0	93	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	90.27
91.00	09100	EMERGENCY	27,620	43,061	27,620	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	553,500	364,738	546,633	71,929	1,073

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,485	0	3,485	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	889	0	889	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00	
194.06	07956	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.06	
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	7	194.08	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	13,512,868	1,181,901	4,412,938	1,480,581	3,360,004	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.222079	3.240411	8.008860	20.583923	3,105.364140	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,393,479	63,377	191,147	184,517	327,843	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.497838	0.173760	0.346905	2.565266	302.997227	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	681					13.00
14.00	01400	0	39,941,618				14.00
15.00	01500	0	7,899,148	7,729,153			15.00
16.00	01600	0	157	0	833,445,923		16.00
17.00	01700	0	9,034	0	0	87,262	17.00
19.00	01900	0	153,105	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	2	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	3	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	324	1,794,315	1,024	71,270,198	49,821	30.00
31.00	03100	37	331,650	37	10,630,731	3,463	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	66	304,684	207	54,679,212	10,359	35.00
40.00	04000	20	46,684	17	6,418,817	3,961	40.00
41.00	04100	71	170,694	7	15,470,688	12,614	41.00
43.00	04300	18	176,763	0	7,403,665	7,044	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	66	21,768,147	0	85,605,895	0	50.00
51.00	05100	0	240,762	0	20,861,410	0	51.00
52.00	05200	0	853,416	0	35,745,163	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	433,392	5,352	28,417,189	0	54.00
55.00	05500	0	1,007,065	0	9,604,768	0	55.00
57.00	05700	0	205,910	0	41,689,953	0	57.00
58.00	05800	0	167,840	0	20,957,171	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	1,457,397	0	67,639,073	0	60.00
64.00	06400	0	155,067	0	1,447,155	0	64.00
65.00	06500	0	408,999	886	23,507,307	0	65.00
66.00	06600	0	281,269	967	18,764,863	0	66.00
67.00	06700	0	0	0	9,041,120	0	67.00
68.00	06800	0	0	0	3,069,019	0	68.00
69.00	06900	0	9,478	0	8,726,166	0	69.00
70.00	07000	0	114,409	0	13,660,045	0	70.00
71.00	07100	0	0	0	42,514,873	0	71.00
72.00	07200	0	0	0	37,096,879	0	72.00
73.00	07300	0	0	7,712,005	65,730,339	0	73.00
74.00	07400	0	56,677	0	1,493,561	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03330	0	572,223	14	8,972,117	0	76.00
76.02	03950	0	0	0	27,000	0	76.02
76.06	03955	0	286,228	157	35,129,032	0	76.06
76.07	03956	0	10,413	0	8,027,053	0	76.07
76.08	03957	0	156,156	92	2,537,266	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.24	04973	0	0	0	0	0	90.24
90.25	04974	0	0	0	0	0	90.25
90.26	04975	0	35,635	8,238	2,079,134	0	90.26
90.27	04976	74	0	0	0	0	90.27
91.00	09100	0	715,739	150	75,229,061	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		681	39,822,456	7,729,153	833,445,923	87,262	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)		
		13.00	14.00	15.00	16.00	17.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	77,594	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00	
194.06	07956	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.06	
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	41,568	0	0	194.08	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	3,865,757	5,455,801	7,009,420	4,323,905	3,097,075	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,676.588840	0.136594	0.906881	0.005188	35.491680	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	162,239	430,199	433,623	139,679	100,160	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	238.236417	0.010771	0.056102	0.000168	1.147808	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS					ALLIED HEALTH-EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH-RADIOLOGY SCHOOL (ASSIGNED TIME)
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		19.00	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	100					19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		3,200				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			3,200			22.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM				100		23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL				0	100	23.01
23.02 02302	ALLIED HEALTH-PHARMACY RESIDENCY				0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS		2,256	2,256	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT		239	239	0	0	31.00
32.00 03200	CORONARY CARE UNIT		0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT		0	0	0	0	35.00
40.00 04000	SUBPROVIDER - I PF		0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF		0	0	0	0	41.00
43.00 04300	NURSERY		0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	100	95	95	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	100	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	0	24	24	0	0	76.00
76.02 03950	HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02
76.06 03955	IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03956	BREAST DIAGNOSTIC CENTERS	0	0	0	0	0	76.07
76.08 03957	BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.24 04973	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26 04975	SPINE CENTER	0	0	0	0	0	90.26
90.27 04976	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00 09100	EMERGENCY	0	586	586	100	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
114.00 11400	UTILIZATION REVIEW-SNF						114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150169

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS				ALLIED HEALTH-EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH-RADIOLOGY SCHOOL (ASSIGNED TIME)	
		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
			19.00	21.00	22.00			
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	3,200	3,200	100	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.06	07956	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.06
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	306,244	100,103	457,660	56,590	62,675	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,062.440000	31.282188	143.018750	565.900000	626.750000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,657	2,951	13,490	12,372	1,858	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	196.570000	0.922188	4.215625	123.720000	18.580000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 10:56 am

		Title XVIIII			Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00		6.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	50,369,263		50,369,263	0	50,369,263	61,600,056	30.00
31.00	03100	INTENSIVE CARE UNIT	6,583,885		6,583,885	0	6,583,885	10,630,731	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,990,131		11,990,131	51,205	12,041,336	54,679,212	35.00
40.00	04000	SUBPROVIDER - I PF	3,127,381		3,127,381	0	3,127,381	6,418,817	40.00
41.00	04100	SUBPROVIDER - I RF	9,968,200		9,968,200	0	9,968,200	15,470,688	41.00
43.00	04300	NURSERY	3,196,813		3,196,813	0	3,196,813	7,403,665	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	22,408,665		22,408,665	0	22,408,665	61,750,564	50.00
51.00	05100	RECOVERY ROOM	4,979,105		4,979,105	0	4,979,105	12,909,349	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,351,890		14,351,890	0	14,351,890	35,745,163	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,689,897		7,689,897	0	7,689,897	9,943,931	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,186,485		2,186,485	0	2,186,485	3,900,437	55.00
57.00	05700	CT SCAN	3,171,715		3,171,715	0	3,171,715	14,094,309	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,428,142		6,428,142	0	6,428,142	5,456,938	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	10,120,124		10,120,124	17,154	10,137,278	46,038,365	60.00
64.00	06400	INTRAVENOUS THERAPY	516,334		516,334	0	516,334	1,311,511	64.00
65.00	06500	RESPIRATORY THERAPY	5,159,142	0	5,159,142	0	5,159,142	19,807,589	65.00
66.00	06600	PHYSICAL THERAPY	8,706,996	0	8,706,996	0	8,706,996	8,990,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,043,025	0	3,043,025	0	3,043,025	8,211,509	67.00
68.00	06800	SPEECH PATHOLOGY	895,972	0	895,972	0	895,972	2,664,451	68.00
69.00	06900	ELECTROCARDIOLOGY	1,922,372		1,922,372	0	1,922,372	6,785,134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,037,075		3,037,075	0	3,037,075	946,807	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,556,521		13,556,521	0	13,556,521	32,372,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,988,478		15,988,478	0	15,988,478	33,205,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,123,385		18,123,385	0	18,123,385	57,536,721	73.00
74.00	07400	RENAL DIALYSIS	683,204		683,204	0	683,204	1,465,391	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03330	ENDOSCOPY	2,544,756		2,544,756	0	2,544,756	2,103,724	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	52,100		52,100	0	52,100	27,000	76.02
76.06	03955	IMAGING CENTERS	5,114,740		5,114,740	21,404	5,136,144	7,548	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	5,982,082		5,982,082	0	5,982,082	5,091	76.07
76.08	03957	BARIATRIC CLINIC	3,338,781		3,338,781	0	3,338,781	0	76.08
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0		0	0	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	0	90.25
90.26	04975	SPIRE CENTER	2,416,790		2,416,790	0	2,416,790	0	90.26
90.27	04976	DIABETIC CARE CENTER	642,720		642,720	0	642,720	0	90.27
91.00	09100	EMERGENCY	11,264,405		11,264,405	29,615	11,294,020	19,048,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,127,263		3,127,263	0	3,127,263	803,011	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	0	116.00
200.00		Subtotal (see instructions)	262,687,837	0	262,687,837	119,378	262,807,215	541,333,898	200.00
201.00		Less Observation Beds	3,127,263		3,127,263	0	3,127,263	0	201.00
202.00		Total (see instructions)	259,560,574	0	259,560,574	119,378	259,679,952	541,333,898	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
Title VIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		61,600,056				30.00
31.00	03100	INTENSIVE CARE UNIT		10,630,731				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		54,679,212				35.00
40.00	04000	SUBPROVIDER - I/PF		6,418,817				40.00
41.00	04100	SUBPROVIDER - I/RF		15,470,688				41.00
43.00	04300	NURSERY		7,403,665				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,855,331	85,605,895	0.261765	0.000000	0.261765	50.00
51.00	05100	RECOVERY ROOM	7,952,061	20,861,410	0.238675	0.000000	0.238675	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,745,163	0.401506	0.000000	0.401506	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,473,258	28,417,189	0.270607	0.000000	0.270607	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,704,331	9,604,768	0.227646	0.000000	0.227646	55.00
57.00	05700	CT SCAN	27,595,644	41,689,953	0.076079	0.000000	0.076079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,500,233	20,957,171	0.306728	0.000000	0.306728	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	21,600,708	67,639,073	0.149619	0.000000	0.149873	60.00
64.00	06400	INTRAVENOUS THERAPY	135,644	1,447,155	0.356792	0.000000	0.356792	64.00
65.00	06500	RESPIRATORY THERAPY	3,699,718	23,507,307	0.219470	0.000000	0.219470	65.00
66.00	06600	PHYSICAL THERAPY	9,774,487	18,764,863	0.464005	0.000000	0.464005	66.00
67.00	06700	OCCUPATIONAL THERAPY	829,611	9,041,120	0.336576	0.000000	0.336576	67.00
68.00	06800	SPEECH PATHOLOGY	404,568	3,069,019	0.291941	0.000000	0.291941	68.00
69.00	06900	ELECTROCARDIOLOGY	1,941,032	8,726,166	0.220300	0.000000	0.220300	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,713,238	13,660,045	0.222333	0.000000	0.222333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,142,359	42,514,873	0.318865	0.000000	0.318865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,891,795	37,096,879	0.430993	0.000000	0.430993	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,193,618	65,730,339	0.275723	0.000000	0.275723	73.00
74.00	07400	RENAL DIALYSIS	28,170	1,493,561	0.457433	0.000000	0.457433	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
76.00	03330	ENDOSCOPY	6,868,393	8,972,117	0.283629	0.000000	0.283629	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	0	27,000	1.929630	0.000000	1.929630	76.02
76.06	03955	IMAGING CENTERS	35,121,484	35,129,032	0.145599	0.000000	0.146208	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	8,021,962	8,027,053	0.745240	0.000000	0.745240	76.07
76.08	03957	BARIATRIC CLINIC	2,537,266	2,537,266	1.315897	0.000000	1.315897	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.24	04973	PALLIATIVE CARE	0	0	0.000000	0.000000	0.000000	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0.000000	90.25
90.26	04975	SPINE CENTER	2,079,134	2,079,134	1.162402	0.000000	1.162402	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0.000000	90.27
91.00	09100	EMERGENCY	56,180,849	75,229,061	0.149735	0.000000	0.150128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,867,131	9,670,142	0.323394	0.000000	0.323394	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	292,112,025	833,445,923				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	292,112,025	833,445,923				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 10:56 am

		Title XIX		Hospital		Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	50,369,263		50,369,263	0	0	61,600,056	30.00
31.00	03100	INTENSIVE CARE UNIT	6,583,885		6,583,885	0	0	10,630,731	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,990,131		11,990,131	0	0	54,679,212	35.00
40.00	04000	SUBPROVIDER - I PF	3,127,381		3,127,381	0	0	6,418,817	40.00
41.00	04100	SUBPROVIDER - I RF	9,968,200		9,968,200	0	0	15,470,688	41.00
43.00	04300	NURSERY	3,196,813		3,196,813	0	0	7,403,665	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	22,408,665		22,408,665	0	0	61,750,564	50.00
51.00	05100	RECOVERY ROOM	4,979,105		4,979,105	0	0	12,909,349	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,351,890		14,351,890	0	0	35,745,163	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,689,897		7,689,897	0	0	9,943,931	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,186,485		2,186,485	0	0	3,900,437	55.00
57.00	05700	CT SCAN	3,171,715		3,171,715	0	0	14,094,309	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,428,142		6,428,142	0	0	5,456,938	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	10,120,124		10,120,124	0	0	46,038,365	60.00
64.00	06400	INTRAVENOUS THERAPY	516,334		516,334	0	0	1,311,511	64.00
65.00	06500	RESPIRATORY THERAPY	5,159,142	0	5,159,142	0	0	19,807,589	65.00
66.00	06600	PHYSICAL THERAPY	8,706,996	0	8,706,996	0	0	8,990,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,043,025	0	3,043,025	0	0	8,211,509	67.00
68.00	06800	SPEECH PATHOLOGY	895,972	0	895,972	0	0	2,664,451	68.00
69.00	06900	ELECTROCARDIOLOGY	1,922,372		1,922,372	0	0	6,785,134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,037,075		3,037,075	0	0	946,807	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,556,521		13,556,521	0	0	32,372,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,988,478		15,988,478	0	0	33,205,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,123,385		18,123,385	0	0	57,536,721	73.00
74.00	07400	RENAL DIALYSIS	683,204		683,204	0	0	1,465,391	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03330	ENDOSCOPY	2,544,756		2,544,756	0	0	2,103,724	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	52,100		52,100	0	0	27,000	76.02
76.06	03955	IMAGING CENTERS	5,114,740		5,114,740	0	0	7,548	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	5,982,082		5,982,082	0	0	5,091	76.07
76.08	03957	BARIATRIC CLINIC	3,338,781		3,338,781	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0		0	0	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	0	90.25
90.26	04975	SPIRE CENTER	2,416,790		2,416,790	0	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	642,720		642,720	0	0	0	90.27
91.00	09100	EMERGENCY	11,264,405		11,264,405	0	0	19,048,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,127,263		3,127,263	0	0	803,011	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	0	115.00
116.00	11600	HOSPICE	0		0		0	0	116.00
200.00		Subtotal (see instructions)	262,687,837	0	262,687,837	0	0	541,333,898	200.00
201.00		Less Observation Beds	3,127,263		3,127,263		0		201.00
202.00		Total (see instructions)	259,560,574	0	259,560,574	0	0	541,333,898	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150169

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital Cost	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		61,600,056				30.00
31.00	03100	INTENSIVE CARE UNIT		10,630,731				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		54,679,212				35.00
40.00	04000	SUBPROVIDER - I/PF		6,418,817				40.00
41.00	04100	SUBPROVIDER - I/RF		15,470,688				41.00
43.00	04300	NURSERY		7,403,665				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,855,331	85,605,895	0.261765	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,952,061	20,861,410	0.238675	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,745,163	0.401506	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,473,258	28,417,189	0.270607	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,704,331	9,604,768	0.227646	0.000000	0.000000	55.00
57.00	05700	CT SCAN	27,595,644	41,689,953	0.076079	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,500,233	20,957,171	0.306728	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	21,600,708	67,639,073	0.149619	0.000000	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	135,644	1,447,155	0.356792	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,699,718	23,507,307	0.219470	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,774,487	18,764,863	0.464005	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	829,611	9,041,120	0.336576	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	404,568	3,069,019	0.291941	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,941,032	8,726,166	0.220300	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,713,238	13,660,045	0.222333	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,142,359	42,514,873	0.318865	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,891,795	37,096,879	0.430993	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,193,618	65,730,339	0.275723	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	28,170	1,493,561	0.457433	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
76.00	03330	ENDOSCOPY	6,868,393	8,972,117	0.283629	0.000000	0.000000	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	0	27,000	1.929630	0.000000	0.000000	76.02
76.06	03955	IMAGING CENTERS	35,121,484	35,129,032	0.145599	0.000000	0.000000	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	8,021,962	8,027,053	0.745240	0.000000	0.000000	76.07
76.08	03957	BARIATRIC CLINIC	2,537,266	2,537,266	1.315897	0.000000	0.000000	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.24	04973	PALLIATIVE CARE	0	0	0.000000	0.000000	0.000000	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0.000000	90.25
90.26	04975	SPINE CENTER	2,079,134	2,079,134	1.162402	0.000000	0.000000	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0.000000	90.27
91.00	09100	EMERGENCY	56,180,849	75,229,061	0.149735	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,867,131	9,670,142	0.323394	0.000000	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	292,112,025	833,445,923				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	292,112,025	833,445,923				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 10:56 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,276,812	0	4,276,812	53,119	80.51	30.00
31.00	INTENSIVE CARE UNIT	534,815		534,815	3,463	154.44	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,124,564		1,124,564	10,359	108.56	35.00
40.00	SUBPROVIDER - IPF	257,693	0	257,693	3,961	65.06	40.00
41.00	SUBPROVIDER - IRF	757,132	0	757,132	12,614	60.02	41.00
43.00	NURSERY	305,839		305,839	7,044	43.42	43.00
200.00	Total (Lines 30-199)	7,256,855		7,256,855	90,560		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,618	1,418,425				
31.00	INTENSIVE CARE UNIT	1,455	224,710				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	3,130	203,638				
41.00	SUBPROVIDER - IRF	4,012	240,800				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	26,215	2,087,573				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 10:56 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,670,525	85,605,895	0.019514	22,801,225	444,943	50.00
51.00	05100	RECOVERY ROOM	418,556	20,861,410	0.020064	3,772,023	75,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,435,298	35,745,163	0.040154	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	853,692	28,417,189	0.030041	3,586,277	107,735	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	383,955	9,604,768	0.039975	1,861,916	74,430	55.00
57.00	05700	CT SCAN	160,845	41,689,953	0.003858	5,790,295	22,339	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	650,024	20,957,171	0.031017	2,134,425	66,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	379,081	67,639,073	0.005604	18,536,545	103,879	60.00
64.00	06400	INTRAVENOUS THERAPY	21,666	1,447,155	0.014971	542,533	8,122	64.00
65.00	06500	RESPIRATORY THERAPY	314,094	23,507,307	0.013362	6,103,066	81,549	65.00
66.00	06600	PHYSICAL THERAPY	290,403	18,764,863	0.015476	1,976,731	30,592	66.00
67.00	06700	OCCUPATIONAL THERAPY	106,586	9,041,120	0.011789	949,253	11,191	67.00
68.00	06800	SPEECH PATHOLOGY	31,366	3,069,019	0.010220	249,173	2,547	68.00
69.00	06900	ELECTROCARDIOLOGY	75,827	8,726,166	0.008690	3,453,828	30,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	195,407	13,660,045	0.014305	500,178	7,155	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	400,246	42,514,873	0.009414	8,481,775	79,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	471,852	37,096,879	0.012719	12,351,052	157,093	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	751,176	65,730,339	0.011428	18,497,783	211,393	73.00
74.00	07400	RENAL DIALYSIS	20,543	1,493,561	0.013754	1,024,308	14,088	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03330	ENDOSCOPY	349,301	8,972,117	0.038932	902,411	35,133	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	1,537	27,000	0.056926	918	52	76.02
76.06	03955	IMAGING CENTERS	736,106	35,129,032	0.020954	0	0	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	176,526	8,027,053	0.021991	0	0	76.07
76.08	03957	BARITRIC CLINIC	105,653	2,537,266	0.041640	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0.000000	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.25
90.26	04975	SPINE CENTER	117,939	2,079,134	0.056725	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	40,051	0	0.000000	0	0	90.27
91.00	09100	EMERGENCY	713,523	75,229,061	0.009485	8,508,635	80,704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	265,533	9,670,142	0.027459	122,238	3,357	92.00
200.00		Total (lines 50-199)	11,137,311	677,242,754		122,146,588	1,648,048	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 10:56 am
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Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,119	0.00	17,618	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,463	0.00	1,455	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,359	0.00	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	3,961	0.00	3,130	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,614	0.00	4,012	0	41.00
43.00	04300	NURSERY	7,044	0.00	0	0	43.00
200.00		Total (lines 30-199)	90,560		26,215	0	200.00
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0			35.00
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
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	62,675	0	62,675 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	357,636	0	357,636 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	0	0	0	0	76.02
76.06	03955	IMAGING CENTERS	0	0	0	0	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0	0	0	0	76.07
76.08	03957	BARIATRIC CLINIC	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.25
90.26	04975	SPI NE CENTER	0	0	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	56,590	0	56,590 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	476,901	0	476,901 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	85,605,895	0.000000	0.000000	22,801,225	50.00
51.00	05100 RECOVERY ROOM	0	20,861,410	0.000000	0.000000	3,772,023	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	35,745,163	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	62,675	28,417,189	0.002206	0.002206	3,586,277	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,604,768	0.000000	0.000000	1,861,916	55.00
57.00	05700 CT SCAN	0	41,689,953	0.000000	0.000000	5,790,295	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,957,171	0.000000	0.000000	2,134,425	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	67,639,073	0.000000	0.000000	18,536,545	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,447,155	0.000000	0.000000	542,533	64.00
65.00	06500 RESPIRATORY THERAPY	0	23,507,307	0.000000	0.000000	6,103,066	65.00
66.00	06600 PHYSICAL THERAPY	0	18,764,863	0.000000	0.000000	1,976,731	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,041,120	0.000000	0.000000	949,253	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,069,019	0.000000	0.000000	249,173	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,726,166	0.000000	0.000000	3,453,828	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,660,045	0.000000	0.000000	500,178	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,514,873	0.000000	0.000000	8,481,775	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	37,096,879	0.000000	0.000000	12,351,052	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	357,636	65,730,339	0.005441	0.005441	18,497,783	73.00
74.00	07400 RENAL DIALYSIS	0	1,493,561	0.000000	0.000000	1,024,308	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03330 ENDOSCOPY	0	8,972,117	0.000000	0.000000	902,411	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	27,000	0.000000	0.000000	918	76.02
76.06	03955 IMAGING CENTERS	0	35,129,032	0.000000	0.000000	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	8,027,053	0.000000	0.000000	0	76.07
76.08	03957 BARIATRIC CLINIC	0	2,537,266	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.25
90.26	04975 SPINE CENTER	0	2,079,134	0.000000	0.000000	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.27
91.00	09100 EMERGENCY	56,590	75,229,061	0.000752	0.000752	8,508,635	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,670,142	0.000000	0.000000	122,238	92.00
200.00	Total (lines 50-199)	476,901	677,242,754			122,146,588	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	4,017,987	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,417,443	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	7,911	3,188,524	7,034	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	3,281,692	0	0	0	55.00
57.00	05700 CT SCAN	0	5,074,644	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,725,947	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	1,214,522	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	37,025	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	931,227	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	410,257	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,148,025	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	365,458	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	398,482	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	100,646	2,596,475	14,127	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	3,056	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330 ENDOSCOPY	0	2,410,331	0	0	0	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02
76.06	03955 IMAGING CENTERS	0	6,228,530	0	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	523,812	0	0	0	76.07
76.08	03957 BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975 SPINE CENTER	0	0	0	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	6,398	7,036,761	5,292	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,134,672	0	0	0	92.00
200.00	Total (lines 50-199)	114,955	45,144,870	26,453	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 am
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03330 ENDOSCOPY	0	0			76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	0			76.02
76.06	03955 IMAGING CENTERS	0	0			76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	0			76.07
76.08	03957 BARIATRIC CLINIC	0	0			76.08
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.24	04973 PALLIATIVE CARE	0	0			90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0			90.25
90.26	04975 SPINE CENTER	0	0			90.26
90.27	04976 DIABETIC CARE CENTER	0	0			90.27
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:56 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.261765	4,017,987	0	0	1,051,768
51.00 05100 RECOVERY ROOM	0.238675	1,417,443	0	0	338,308
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.401506	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.270607	3,188,524	0	0	862,837
55.00 05500 RADIOLOGY-THERAPEUTIC	0.227646	3,281,692	0	0	747,064
57.00 05700 CT SCAN	0.076079	5,074,644	0	0	386,074
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.306728	2,725,947	0	0	836,124
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.149619	1,214,522	0	0	181,716
64.00 06400 INTRAVENOUS THERAPY	0.356792	37,025	0	0	13,210
65.00 06500 RESPIRATORY THERAPY	0.219470	931,227	0	0	204,376
66.00 06600 PHYSICAL THERAPY	0.464005	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.336576	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.291941	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.220300	410,257	0	0	90,380
70.00 07000 ELECTROENCEPHALOGRAPHY	0.222333	2,148,025	0	0	477,577
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318865	365,458	0	0	116,532
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.430993	398,482	0	0	171,743
73.00 07300 DRUGS CHARGED TO PATIENTS	0.275723	2,596,475	0	0	715,908
74.00 07400 RENAL DIALYSIS	0.457433	3,056	0	0	1,398
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03330 ENDOSCOPY	0.283629	2,410,331	0	0	683,640
76.02 03950 HRC NEUROPSYCHOLOGY	1.929630	0	0	0	0
76.06 03955 IMAGING CENTERS	0.145599	6,228,530	0	0	906,868
76.07 03956 BREAST DIAGNOSTIC CENTERS	0.745240	523,812	0	0	390,366
76.08 03957 BARIATRIC CLINIC	1.315897	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.24 04973 PALLIATIVE CARE	0.000000	0	0	0	0
90.25 04974 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0
90.26 04975 SPINE CENTER	1.162402	0	0	0	0
90.27 04976 DIABETIC CARE CENTER	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.149735	7,036,761	0	0	1,053,649
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.323394	1,134,672	0	0	366,946
200.00	Subtotal (see instructions)	45,144,870	0	0	9,596,484
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	45,144,870	0	0	9,596,484

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:56 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.02 03950 HRC NEUROPSYCHOLOGY	0	0		76.02
76.06 03955 IMAGING CENTERS	0	0		76.06
76.07 03956 BREAST DIAGNOSTIC CENTERS	0	0		76.07
76.08 03957 BARIATRIC CLINIC	0	0		76.08
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.24 04973 PALLIATIVE CARE	0	0		90.24
90.25 04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.25
90.26 04975 SPINE CENTER	0	0		90.26
90.27 04976 DIABETIC CARE CENTER	0	0		90.27
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 10:56 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	1,670,525	85,605,895	0.019514	0	0	50.00
51.00	05100 RECOVERY ROOM	418,556	20,861,410	0.020064	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,435,298	35,745,163	0.040154	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	853,692	28,417,189	0.030041	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	383,955	9,604,768	0.039975	0	0	55.00
57.00	05700 CT SCAN	160,845	41,689,953	0.003858	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	650,024	20,957,171	0.031017	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	379,081	67,639,073	0.005604	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	21,666	1,447,155	0.014971	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	314,094	23,507,307	0.013362	0	0	65.00
66.00	06600 PHYSICAL THERAPY	290,403	18,764,863	0.015476	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	106,586	9,041,120	0.011789	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	31,366	3,069,019	0.010220	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	75,827	8,726,166	0.008690	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	195,407	13,660,045	0.014305	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	400,246	42,514,873	0.009414	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	471,852	37,096,879	0.012719	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	751,176	65,730,339	0.011428	0	0	73.00
74.00	07400 RENAL DIALYSIS	20,543	1,493,561	0.013754	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03330 ENDOSCOPY	349,301	8,972,117	0.038932	0	0	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	1,537	27,000	0.056926	0	0	76.02
76.06	03955 IMAGING CENTERS	736,106	35,129,032	0.020954	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	176,526	8,027,053	0.021991	0	0	76.07
76.08	03957 BARIATRIC CLINIC	105,653	2,537,266	0.041640	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.25
90.26	04975 SPINE CENTER	117,939	2,079,134	0.056725	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	40,051	0	0.000000	0	0	90.27
91.00	09100 EMERGENCY	713,523	75,229,061	0.009485	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,670,142	0.000000	0	0	92.00
200.00	Total (lines 50-199)	10,871,778	677,242,754		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 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	62,675	0	62,675	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	357,636	0	357,636	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02
76.06	03955 IMAGING CENTERS	0	0	0	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	0	0	0	0	76.07
76.08	03957 BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975 SPINE CENTER	0	0	0	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	0	0	56,590	0	56,590	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	476,901	0	476,901	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 am
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	85,605,895	0.000000	0.000000		0 50.00
51.00	05100 RECOVERY ROOM	0	20,861,410	0.000000	0.000000		0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	35,745,163	0.000000	0.000000		0 52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000		0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	62,675	28,417,189	0.002206	0.002206		0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,604,768	0.000000	0.000000		0 55.00
57.00	05700 CT SCAN	0	41,689,953	0.000000	0.000000		0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,957,171	0.000000	0.000000		0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000		0 59.00
60.00	06000 LABORATORY	0	67,639,073	0.000000	0.000000		0 60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,447,155	0.000000	0.000000		0 64.00
65.00	06500 RESPIRATORY THERAPY	0	23,507,307	0.000000	0.000000		0 65.00
66.00	06600 PHYSICAL THERAPY	0	18,764,863	0.000000	0.000000		0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,041,120	0.000000	0.000000		0 67.00
68.00	06800 SPEECH PATHOLOGY	0	3,069,019	0.000000	0.000000		0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,726,166	0.000000	0.000000		0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,660,045	0.000000	0.000000		0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,514,873	0.000000	0.000000		0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	37,096,879	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	357,636	65,730,339	0.005441	0.005441		0 73.00
74.00	07400 RENAL DIALYSIS	0	1,493,561	0.000000	0.000000		0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000		0 75.00
76.00	03330 ENDOSCOPY	0	8,972,117	0.000000	0.000000		0 76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	27,000	0.000000	0.000000		0 76.02
76.06	03955 IMAGING CENTERS	0	35,129,032	0.000000	0.000000		0 76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	8,027,053	0.000000	0.000000		0 76.07
76.08	03957 BARIATRIC CLINIC	0	2,537,266	0.000000	0.000000		0 76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000		0 90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0.000000		0 90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000		0 90.25
90.26	04975 SPINE CENTER	0	2,079,134	0.000000	0.000000		0 90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0.000000	0.000000		0 90.27
91.00	09100 EMERGENCY	56,590	75,229,061	0.000752	0.000752		0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,670,142	0.000000	0.000000		0 92.00
200.00	Total (lines 50-199)	476,901	677,242,754				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02
76.06	03955 IMAGING CENTERS	0	0	0	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	0	0	0	0	76.07
76.08	03957 BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975 SPINE CENTER	0	0	0	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 150169 Component CCN: 15S169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 am
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	0	76.02
76.06	03955 IMAGING CENTERS	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	0	76.07
76.08	03957 BARIATRIC CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.25
90.26	04975 SPINE CENTER	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	90.27
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169 Component CCN: 15S169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:56 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.261765	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.238675	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.401506	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.270607	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.227646	0	0	0	0	55.00
57.00 05700 CT SCAN	0.076079	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.306728	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.149619	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.356792	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.219470	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.464005	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.336576	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.291941	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.220300	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.222333	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318865	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.430993	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.275723	0	0	1,738	0	73.00
74.00 07400 RENAL DIALYSIS	0.457433	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03330 ENDOSCOPY	0.283629	0	0	0	0	76.00
76.02 03950 HRC NEUROPSYCHOLOGY	1.929630	0	0	0	0	76.02
76.06 03955 IMAGING CENTERS	0.145599	0	0	0	0	76.06
76.07 03956 BREAST DIAGNOSTIC CENTERS	0.745240	0	0	0	0	76.07
76.08 03957 BARIATRIC CLINIC	1.315897	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.24 04973 PALLIATIVE CARE	0.000000	0	0	0	0	90.24
90.25 04974 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.25
90.26 04975 SPINE CENTER	1.162402	0	0	0	0	90.26
90.27 04976 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.27
91.00 09100 EMERGENCY	0.149735	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.323394	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	1,738	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	1,738	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:56 am
	Component CCN: 15S169	Title XVIII	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	479	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03330 ENDOSCOPY	0	0	76.00
76.02 03950 HRC NEUROPSYCHOLOGY	0	0	76.02
76.06 03955 IMAGING CENTERS	0	0	76.06
76.07 03956 BREAST DIAGNOSTIC CENTERS	0	0	76.07
76.08 03957 BARIATRIC CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.24 04973 PALLIATIVE CARE	0	0	90.24
90.25 04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.25
90.26 04975 SPINE CENTER	0	0	90.26
90.27 04976 DIABETIC CARE CENTER	0	0	90.27
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	479	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	479	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 10:56 am
		Component CCN: 15T169	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,670,525	85,605,895	0.019514	29,685	579	50.00
51.00	05100 RECOVERY ROOM	418,556	20,861,410	0.020064	394	8	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,435,298	35,745,163	0.040154	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	853,692	28,417,189	0.030041	83,546	2,510	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	383,955	9,604,768	0.039975	32,203	1,287	55.00
57.00	05700 CT SCAN	160,845	41,689,953	0.003858	99,635	384	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	650,024	20,957,171	0.031017	29,913	928	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	379,081	67,639,073	0.005604	660,952	3,704	60.00
64.00	06400 INTRAVENOUS THERAPY	21,666	1,447,155	0.014971	4,345	65	64.00
65.00	06500 RESPIRATORY THERAPY	314,094	23,507,307	0.013362	480,592	6,422	65.00
66.00	06600 PHYSICAL THERAPY	290,403	18,764,863	0.015476	1,837,279	28,434	66.00
67.00	06700 OCCUPATIONAL THERAPY	106,586	9,041,120	0.011789	2,098,570	24,740	67.00
68.00	06800 SPEECH PATHOLOGY	31,366	3,069,019	0.010220	370,357	3,785	68.00
69.00	06900 ELECTROCARDIOLOGY	75,827	8,726,166	0.008690	18,144	158	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	195,407	13,660,045	0.014305	5,408	77	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	400,246	42,514,873	0.009414	77,747	732	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	471,852	37,096,879	0.012719	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	751,176	65,730,339	0.011428	1,349,534	15,422	73.00
74.00	07400 RENAL DIALYSIS	20,543	1,493,561	0.013754	14,182	195	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03330 ENDOSCOPY	349,301	8,972,117	0.038932	12,713	495	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	1,537	27,000	0.056926	1,224	70	76.02
76.06	03955 IMAGING CENTERS	736,106	35,129,032	0.020954	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	176,526	8,027,053	0.021991	0	0	76.07
76.08	03957 BARIATRIC CLINIC	105,653	2,537,266	0.041640	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.25
90.26	04975 SPINE CENTER	117,939	2,079,134	0.056725	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	40,051	0	0.000000	0	0	90.27
91.00	09100 EMERGENCY	713,523	75,229,061	0.009485	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,670,142	0.000000	0	0	92.00
200.00	Total (lines 50-199)	10,871,778	677,242,754		7,206,423	89,995	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 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	62,675	0	62,675	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	357,636	0	357,636	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02
76.06	03955 IMAGING CENTERS	0	0	0	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	0	0	0	0	76.07
76.08	03957 BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975 SPINE CENTER	0	0	0	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	0	0	56,590	0	56,590	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	476,901	0	476,901	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 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	85,605,895	0.000000	0.000000	29,685	50.00
51.00	05100 RECOVERY ROOM	0	20,861,410	0.000000	0.000000	394	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	35,745,163	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	62,675	28,417,189	0.002206	0.002206	83,546	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,604,768	0.000000	0.000000	32,203	55.00
57.00	05700 CT SCAN	0	41,689,953	0.000000	0.000000	99,635	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,957,171	0.000000	0.000000	29,913	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	67,639,073	0.000000	0.000000	660,952	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,447,155	0.000000	0.000000	4,345	64.00
65.00	06500 RESPIRATORY THERAPY	0	23,507,307	0.000000	0.000000	480,592	65.00
66.00	06600 PHYSICAL THERAPY	0	18,764,863	0.000000	0.000000	1,837,279	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,041,120	0.000000	0.000000	2,098,570	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,069,019	0.000000	0.000000	370,357	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,726,166	0.000000	0.000000	18,144	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	13,660,045	0.000000	0.000000	5,408	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,514,873	0.000000	0.000000	77,747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	37,096,879	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	357,636	65,730,339	0.005441	0.005441	1,349,534	73.00
74.00	07400 RENAL DIALYSIS	0	1,493,561	0.000000	0.000000	14,182	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03330 ENDOSCOPY	0	8,972,117	0.000000	0.000000	12,713	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	27,000	0.000000	0.000000	1,224	76.02
76.06	03955 IMAGING CENTERS	0	35,129,032	0.000000	0.000000	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	8,027,053	0.000000	0.000000	0	76.07
76.08	03957 BARIATRIC CLINIC	0	2,537,266	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.25
90.26	04975 SPINE CENTER	0	2,079,134	0.000000	0.000000	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.27
91.00	09100 EMERGENCY	56,590	75,229,061	0.000752	0.000752	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,670,142	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	476,901	677,242,754			7,206,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 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	184	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,343	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02
76.06	03955 IMAGING CENTERS	0	0	0	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0	0	0	0	0	76.07
76.08	03957 BARIATRIC CLINIC	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.25
90.26	04975 SPINE CENTER	0	0	0	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	7,527	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150169 Component CCN: 15T169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:56 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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	0	0	76.02
76.06	03955	IMAGING CENTERS	0	0	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0	0	76.07
76.08	03957	BARIATRIC CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.25
90.26	04975	SPINE CENTER	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0	0	90.27
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:56 am
		Component CCN: 15T169	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
								1.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.261765	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.238675	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401506	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.270607	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227646	0	0	0	0	55.00
57.00	05700	CT SCAN	0.076079	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.306728	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.149619	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.356792	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.219470	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.464005	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336576	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.291941	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.220300	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222333	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318865	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430993	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.275723	0	0	5,019	0	73.00
74.00	07400	RENAL DIALYSIS	0.457433	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0.283629	0	0	0	0	76.00
76.02	03950	HRC NEUROPSYCHOLOGY	1.929630	0	0	0	0	76.02
76.06	03955	IMAGING CENTERS	0.145599	0	0	0	0	76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0.745240	0	0	0	0	76.07
76.08	03957	BIATRIC CLINIC	1.315897	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0.000000	0	0	0	0	90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.25
90.26	04975	SPINE CENTER	1.162402	0	0	0	0	90.26
90.27	04976	DIABETIC CARE CENTER	0.000000	0	0	0	0	90.27
91.00	09100	EMERGENCY	0.149735	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.323394	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	5,019	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	5,019	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:56 am
	Component CCN: 15T169	Title XVIII	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,384	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03330 ENDOSCOPY	0	0	76.00
76.02 03950 HRC NEUROPSYCHOLOGY	0	0	76.02
76.06 03955 IMAGING CENTERS	0	0	76.06
76.07 03956 BREAST DIAGNOSTIC CENTERS	0	0	76.07
76.08 03957 BARIATRIC CLINIC	0	0	76.08
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.24 04973 PALLIATIVE CARE	0	0	90.24
90.25 04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.25
90.26 04975 SPINE CENTER	0	0	90.26
90.27 04976 DIABETIC CARE CENTER	0	0	90.27
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	1,384	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	1,384	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:56 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.261765	0	0	1,325,736	0
51.00 05100 RECOVERY ROOM	0.238675	0	0	673,541	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.401506	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.270607	0	0	2,321,130	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.227646	0	0	248,503	0
57.00 05700 CT SCAN	0.076079	0	0	2,722,494	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.306728	0	0	874,605	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.149619	0	0	3,057,197	0
64.00 06400 INTRAVENOUS THERAPY	0.356792	0	0	12,185	0
65.00 06500 RESPIRATORY THERAPY	0.219470	0	0	197,386	0
66.00 06600 PHYSICAL THERAPY	0.464005	0	0	307,547	0
67.00 06700 OCCUPATIONAL THERAPY	0.336576	0	0	112,278	0
68.00 06800 SPEECH PATHOLOGY	0.291941	0	0	121,932	0
69.00 06900 ELECTROCARDIOLOGY	0.220300	0	0	191,016	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.222333	0	0	1,174,454	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318865	0	0	525,663	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.430993	0	0	102,317	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.275723	0	0	677,945	0
74.00 07400 RENAL DIALYSIS	0.457433	0	0	4,216	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03330 ENDOSCOPY	0.283629	0	0	263,292	0
76.02 03950 HRC NEUROPSYCHOLOGY	1.929630	0	0	0	0
76.06 03955 IMAGING CENTERS	0.145599	0	0	1,165,725	0
76.07 03956 BREAST DIAGNOSTIC CENTERS	0.745240	0	0	76,448	0
76.08 03957 BARIATRIC CLINIC	1.315897	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.24 04973 PALLIATIVE CARE	0.000000	0	0	0	0
90.25 04974 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0
90.26 04975 SPINE CENTER	1.162402	0	0	25,603	0
90.27 04976 DIABETIC CARE CENTER	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.149735	0	0	10,562,204	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.323394	0	0	2,906,765	0
200.00	Subtotal (see instructions)	0	0	29,650,182	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	29,650,182	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:56 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	347,031		50.00
51.00 05100 RECOVERY ROOM	0	160,757		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	628,114		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	56,571		55.00
57.00 05700 CT SCAN	0	207,125		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	268,266		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	457,415		60.00
64.00 06400 INTRAVENOUS THERAPY	0	4,348		64.00
65.00 06500 RESPIRATORY THERAPY	0	43,320		65.00
66.00 06600 PHYSICAL THERAPY	0	142,703		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	37,790		67.00
68.00 06800 SPEECH PATHOLOGY	0	35,597		68.00
69.00 06900 ELECTROCARDIOLOGY	0	42,081		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	261,120		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	167,616		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	44,098		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	186,925		73.00
74.00 07400 RENAL DIALYSIS	0	1,929		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03330 ENDOSCOPY	0	74,677		76.00
76.02 03950 HRC NEUROPSYCHOLOGY	0	0		76.02
76.06 03955 IMAGING CENTERS	0	169,728		76.06
76.07 03956 BREAST DIAGNOSTIC CENTERS	0	56,972		76.07
76.08 03957 BARIATRIC CLINIC	0	0		76.08
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.24 04973 PALLIATIVE CARE	0	0		90.24
90.25 04974 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.25
90.26 04975 SPINE CENTER	0	29,761		90.26
90.27 04976 DIABETIC CARE CENTER	0	0		90.27
91.00 09100 EMERGENCY	0	1,581,532		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	940,030		92.00
200.00 Subtotal (see instructions)	0	5,945,506		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,945,506		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 10:56 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		53,119	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,119	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)		49,821	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		17,618	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)		50,369,263	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)		50,369,263	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		109,645,046	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		109,645,046	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.459385	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,200.78	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)		50,369,263	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)		948.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,705,916	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)		16,705,916	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 10:56 am	
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	6,583,885	3,463	1,901.21	1,455	2,766,261	43.00
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	NEONATAL INTENSIVE CARE UNIT	12,041,336	10,359	1,162.40	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,022,275	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,494,452	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)					1,643,135	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,763,003	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,406,138	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,088,314	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)					3,298	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					948.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,127,263	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 10:56 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,276,812	50,369,263	0.084909	3,127,263	265,533	90.00
91.00	Nursing School cost	0	50,369,263	0.000000	3,127,263	0	91.00
92.00	Allied health cost	0	50,369,263	0.000000	3,127,263	0	92.00
93.00	All other Medical Education	0	50,369,263	0.000000	3,127,263	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15S169		Date/Time Prepared: 5/30/2013 10:56 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)		3,961	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,961	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)		3,961	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,130	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)		3,127,381	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,127,381	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		15,806,954	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,806,954	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.197848	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,990.65	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,127,381	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)		789.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,471,260	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)		2,471,260	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1		
		Component CCN: 15S169				Date/Time Prepared: 5/30/2013 10:56 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,471,260		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)						203,638		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)						203,638		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,267,622		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: 150169 Component CCN: 15S169		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 10:56 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	257,693	3,127,381	0.082399	0	0	90.00
91.00	Nursing School cost	0	3,127,381	0.000000	0	0	91.00
92.00	Allied health cost	0	3,127,381	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,127,381	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T169		Date/Time Prepared: 5/30/2013 10:56 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)		12,614	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,614	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)		12,614	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)		4,012	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,968,200	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,968,200	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,418,817	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,418,817	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.552965	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)		508.86	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,968,200	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)		790.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,170,483	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)		3,170,483	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T169				Date/Time Prepared: 5/30/2013 10:56 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,342,143		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,512,626		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)					240,800		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					97,522		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					338,322		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,174,304		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: 150169 Component CCN: 15T169		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 10:56 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	757,132	9,968,200	0.075955	0	0	90.00
91.00	Nursing School cost	0	9,968,200	0.000000	0	0	91.00
92.00	Allied health cost	0	9,968,200	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,968,200	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/30/2013 10:56 am
		Hospital		Cost
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)		53,119	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,119	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)		49,821	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)		2,439	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)		7,044	15.00
16.00	Nursery days (title V or XIX only)		1,194	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)		50,369,263	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)		50,369,263	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		109,645,046	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		109,645,046	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.459385	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,200.78	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)		50,369,263	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)		948.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,312,733	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)		2,312,733	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 5/30/2013 10:56 am	
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)		
42.00 NURSERY (title V & XIX only)	3,196,813	7,044	453.83	1,194	541,873		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,583,885	3,463	1,901.21	0	0		43.00
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 NEONATAL INTENSIVE CARE UNIT	11,990,131	10,359	1,157.46	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,641,588		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,496,194		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)						3,298	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						948.23	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						3,127,263	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150169		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 10:56 am	
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: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 10:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		23,466,766	30.00
31.00	03100	INTENSIVE CARE UNIT		4,811,084	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.261765	22,801,225	5,968,563 50.00
51.00	05100	RECOVERY ROOM	0.238675	3,772,023	900,288 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401506	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.270607	3,586,277	970,472 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227646	1,861,916	423,858 55.00
57.00	05700	CT SCAN	0.076079	5,790,295	440,520 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.306728	2,134,425	654,688 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.149873	18,536,545	2,778,128 60.00
64.00	06400	INTRAVENOUS THERAPY	0.356792	542,533	193,571 64.00
65.00	06500	RESPIRATORY THERAPY	0.219470	6,103,066	1,339,440 65.00
66.00	06600	PHYSICAL THERAPY	0.464005	1,976,731	917,213 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336576	949,253	319,496 67.00
68.00	06800	SPEECH PATHOLOGY	0.291941	249,173	72,744 68.00
69.00	06900	ELECTROCARDIOLOGY	0.220300	3,453,828	760,878 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222333	500,178	111,206 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318865	8,481,775	2,704,541 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430993	12,351,052	5,323,217 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.275723	18,497,783	5,100,264 73.00
74.00	07400	RENAL DIALYSIS	0.457433	1,024,308	468,552 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03330	ENDOSCOPY	0.283629	902,411	255,950 76.00
76.02	03950	HRC NEUROPSYCHOLOGY	1.929630	918	1,771 76.02
76.06	03955	IMAGING CENTERS	0.146208	0	0 76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0.745240	0	0 76.07
76.08	03957	BARIATRIC CLINIC	1.315897	0	0 76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.24	04973	PALLIATIVE CARE	0.000000	0	0 90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.25
90.26	04975	SPINE CENTER	1.162402	0	0 90.26
90.27	04976	DIABETIC CARE CENTER	0.000000	0	0 90.27
91.00	09100	EMERGENCY	0.150128	8,508,635	1,277,384 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.323394	122,238	39,531 92.00
200.00		Total (sum of lines 50-94 and 96-98)		122,146,588	31,022,275 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		122,146,588	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3
		Component CCN: 15S169		Date/Time Prepared: 5/30/2013 10:56 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000 SUBPROVIDER - IPF		5,063,848	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	0.261765	0	50.00
51.00	05100 RECOVERY ROOM	0.238675	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.401506	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.270607	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.227646	0	55.00
57.00	05700 CT SCAN	0.076079	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.306728	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.149873	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.356792	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.219470	0	65.00
66.00	06600 PHYSICAL THERAPY	0.464005	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.336576	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.291941	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.220300	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.222333	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318865	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430993	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.275723	0	73.00
74.00	07400 RENAL DIALYSIS	0.457433	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03330 ENDOSCOPY	0.283629	0	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	1.929630	0	76.02
76.06	03955 IMAGING CENTERS	0.146208	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0.745240	0	76.07
76.08	03957 BARIATRIC CLINIC	1.315897	0	76.08
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	90.00
90.24	04973 PALLIATIVE CARE	0.000000	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.25
90.26	04975 SPINE CENTER	1.162402	0	90.26
90.27	04976 DIABETIC CARE CENTER	0.000000	0	90.27
91.00	09100 EMERGENCY	0.150128	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.323394	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		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: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T169		Date/Time Prepared: 5/30/2013 10:56 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,010,591		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.261765	29,685	7,770	50.00
51.00	05100 RECOVERY ROOM	0.238675	394	94	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.401506	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.270607	83,546	22,608	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.227646	32,203	7,331	55.00
57.00	05700 CT SCAN	0.076079	99,635	7,580	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.306728	29,913	9,175	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.149873	660,952	99,059	60.00
64.00	06400 INTRAVENOUS THERAPY	0.356792	4,345	1,550	64.00
65.00	06500 RESPIRATORY THERAPY	0.219470	480,592	105,476	65.00
66.00	06600 PHYSICAL THERAPY	0.464005	1,837,279	852,507	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.336576	2,098,570	706,328	67.00
68.00	06800 SPEECH PATHOLOGY	0.291941	370,357	108,122	68.00
69.00	06900 ELECTROCARDIOLOGY	0.220300	18,144	3,997	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.222333	5,408	1,202	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318865	77,747	24,791	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430993	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.275723	1,349,534	372,098	73.00
74.00	07400 RENAL DIALYSIS	0.457433	14,182	6,487	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03330 ENDOSCOPY	0.283629	12,713	3,606	76.00
76.02	03950 HRC NEUROPSYCHOLOGY	1.929630	1,224	2,362	76.02
76.06	03955 IMAGING CENTERS	0.146208	0	0	76.06
76.07	03956 BREAST DIAGNOSTIC CENTERS	0.745240	0	0	76.07
76.08	03957 BARIATRIC CLINIC	1.315897	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.24	04973 PALLIATIVE CARE	0.000000	0	0	90.24
90.25	04974 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.25
90.26	04975 SPINE CENTER	1.162402	0	0	90.26
90.27	04976 DIABETIC CARE CENTER	0.000000	0	0	90.27
91.00	09100 EMERGENCY	0.150128	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.323394	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		7,206,423	2,342,143	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		7,206,423		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 10:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,218,123	30.00
31.00	03100	INTENSIVE CARE UNIT		989,547	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		25,500,802	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		1,818,823	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.261765	2,817,378	737,491 50.00
51.00	05100	RECOVERY ROOM	0.238675	622,563	148,590 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401506	4,715,443	1,893,279 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.270607	1,340,062	362,630 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227646	276,472	62,938 55.00
57.00	05700	CT SCAN	0.076079	985,981	75,012 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.306728	409,946	125,742 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.149619	4,813,476	720,187 60.00
64.00	06400	INTRAVENOUS THERAPY	0.356792	376,461	134,318 64.00
65.00	06500	RESPIRATORY THERAPY	0.219470	2,941,496	645,570 65.00
66.00	06600	PHYSICAL THERAPY	0.464005	140,689	65,280 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336576	342,254	115,194 67.00
68.00	06800	SPEECH PATHOLOGY	0.291941	132,314	38,628 68.00
69.00	06900	ELECTROCARDIOLOGY	0.220300	626,615	138,043 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222333	123,276	27,408 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318865	2,700,165	860,988 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430993	575,540	248,054 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.275723	6,908,226	1,904,757 73.00
74.00	07400	RENAL DIALYSIS	0.457433	66,013	30,197 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03330	ENDOSCOPY	0.283629	162,185	46,000 76.00
76.02	03950	HRC NEUROPSYCHOLOGY	1.929630	0	0 76.02
76.06	03955	IMAGING CENTERS	0.145599	0	0 76.06
76.07	03956	BREAST DIAGNOSTIC CENTERS	0.745240	0	0 76.07
76.08	03957	BARIATRIC CLINIC	1.315897	0	0 76.08
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.24	04973	PALLIATIVE CARE	0.000000	0	0 90.24
90.25	04974	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.25
90.26	04975	SPINE CENTER	1.162402	0	0 90.26
90.27	04976	DIABETIC CARE CENTER	0.000000	0	0 90.27
91.00	09100	EMERGENCY	0.149735	1,478,821	221,431 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.323394	123,228	39,851 92.00
200.00		Total (sum of lines 50-94 and 96-98)		32,678,604	8,641,588 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		32,678,604	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 10:56 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		33,230,898	1.00
2.00	Outlier payments for discharges. (see instructions)		1,690,134	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		10,183,714	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		277.99	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		1.19	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)		1.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.54	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		1.19	12.00
13.00	Total allowable FTE count for the prior year.		1.66	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.		1.83	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.56	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.56	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.005612	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.006110	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.005612	21.00
22.00	IME payment adjustment (see instructions)		132,979	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)		0.35	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)		132,979	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.24	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		22.78	31.00
32.00	Sum of lines 30 and 31		26.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.68	33.00
34.00	Disproportionate share adjustment (see instructions)		3,549,060	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		38,603,071	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		38,603,071	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,130,875	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).		41,000	52.00
53.00	Nursing and Allied Health Managed Care payment		25,743	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 10:56 am
		Title XVIIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			114,955 58.00
59.00	Total (sum of amounts on lines 49 through 58)			41,915,644 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			41,915,644 61.00
62.00	Deductibles billed to program beneficiaries			3,398,764 62.00
63.00	Coinurance billed to program beneficiaries			135,517 63.00
64.00	Allowable bad debts (see instructions)			128,009 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			89,606 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			28,849 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			38,470,969 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-9,280 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			38,461,689 71.00
72.00	Interim payments			38,775,086 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)			-313,397 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 10:56 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,570,031	2.00
3.00	PPS payments		7,554,426	3.00
4.00	Outlier payment (see instructions)		32,599	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		26,453	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		7,613,478	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		11	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,960,619	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		5,652,848	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		6,729	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)		5,659,577	30.00
31.00	Primary payer payments		886	31.00
32.00	Subtotal (line 30 minus line 31)		5,658,691	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)		162,275	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		113,593	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		62,967	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		5,772,284	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		5,772,284	40.00
41.00	Interim payments		5,878,768	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)		-106,484	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 10:56 am
		Component CCN: 15S169	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		479	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)		479	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,738	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)		1,738	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,738	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,259	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)		479	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)		479	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)		479	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		479	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)		479	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		479	40.00
41.00	Interim payments		408	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)		71	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 10:56 am
		Component CCN: 15T169	Title XVIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,384	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)		1,384	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,019	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)		5,019	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		5,019	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,635	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)		1,384	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)		1,384	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)		1,384	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,384	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)		1,384	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		1,384	40.00
41.00	Interim payments		1,218	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)		166	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150169

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 10:56 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		38,708,886		5,838,368	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	09/14/2012	66,200	09/14/2012	40,400	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)		66,200		40,400	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)		38,775,086		5,878,768	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		313,397		106,484	6.02
7.00	Total Medicare program liability (see instructions)		38,461,689		5,772,284	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: 150169
Component CCN: 15S169

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 10:56 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,460,251		408	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,460,251		408	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		14,235		71	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,474,486		479	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: 150169
Component CCN: 15T169

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 10:56 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		4,401,895		1,218	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		4,401,895		1,218	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		519,328		166	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,921,223		1,384	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150169

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

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2013 10:56 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			15,031 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			19,073 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			5,028 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			63,643 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			833,445,923 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			20,040,080 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,853,334 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			1,853,334 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/30/2013 10:56 am
		Component CCN: 15S169		
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,549,364 1.00
2.00	Net IPF PPS Outlier Payments			69,609 2.00
3.00	Net IPF PPS ECT Payments			25,675 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			10.822404 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,644,648 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,644,648 16.00
17.00	Primary payer payments			472 17.00
18.00	Subtotal (line 16 less line 17).			2,644,176 18.00
19.00	Deductibles			151,268 19.00
20.00	Subtotal (line 18 minus line 19)			2,492,908 20.00
21.00	Coinsurance			32,657 21.00
22.00	Subtotal (line 20 minus line 21)			2,460,251 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			20,335 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			14,235 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			14,125 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,474,486 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)			2,474,486 31.00
32.00	Interim payments			2,460,251 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)			14,235 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			69,609 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: 150169 Component CCN: 15T169	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 10:56 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,094,180 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0462 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			621,361 3.00
4.00	Outlier Payments			266,913 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			34.464481 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)			4,982,454 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)			4,982,454 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,982,454 19.00
20.00	Deductibles			31,188 20.00
21.00	Subtotal (line 19 minus line 20)			4,951,266 21.00
22.00	Coinsurance			37,570 22.00
23.00	Subtotal (line 21 minus line 22)			4,913,696 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,913,696 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)			7,527 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)			4,921,223 32.00
33.00	Interim payments			4,401,895 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)			519,328 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			266,913 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: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 10:56 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	11,496,194			1.00
2.00	Medical and other services		5,945,506		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	11,496,194	5,945,506		4.00
5.00	Inpatient primary payer payments	3,940,027			5.00
6.00	Outpatient primary payer payments		758,309		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	7,556,167	5,187,197		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	32,678,604	29,650,182		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	32,678,604	29,650,182		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	32,678,604	29,650,182		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	21,182,410	23,704,676		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	11,496,194	5,945,506		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	11,496,194	5,945,506		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	7,556,167	5,187,197		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	7,556,167	5,187,197		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	7,556,167	5,187,197		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	7,556,167	5,187,197		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus 41)	7,556,167	5,187,197		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 10:56 am	
		Title XVII	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.			0.00	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			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.19	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)			1.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.54	6.00
7.00	Enter the lesser of line 5 or line 6			1.19	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.	1.54	0.00	1.54	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.	1.19	0.00	1.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	1.19	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.66	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.83	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.56	0.00		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	1.56	0.00		17.00
18.00	Per resident amount	80,383.66	0.00		18.00
19.00	Approved amount for resident costs	125,399	0	125,399	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.35	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)			125,399	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	26,215	5,028		26.00
27.00	Total Inpatient Days (see instructions)	80,218	80,218		27.00
28.00	Ratio of inpatient days to total inpatient days	0.326797	0.062679		28.00
29.00	Program direct GME amount	40,980	7,860		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,111		30.00
31.00	Net Program direct GME amount			47,729	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 10:56 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)		1,493,561	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)		58,478,338	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)		472	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		58,477,866	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		9,598,347	42.00
43.00	Primary payer payments (see instructions)		886	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,597,461	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		68,075,327	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.859017	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.140983	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		47,729	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		41,000	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,729	50.00

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

Provider CCN: 150169

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

Worksheet G

Date/Time Prepared:
5/30/2013 10:56 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	2,396,787	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	234,667,751	0	0	0	4.00
5.00	Other receivable	99,378	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-179,104,366	0	0	0	6.00
7.00	Inventory	3,433,898	0	0	0	7.00
8.00	Prepaid expenses	88,558	0	0	0	8.00
9.00	Other current assets	568,003	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	62,150,009	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,705,851	0	0	0	12.00
13.00	Land improvements	3,158,137	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	288,107,087	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	5,292,588	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	3,118,039	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	89,370,296	0	0	0	23.00
24.00	Accumulated depreciation	-181,667,685	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	210,084,313	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	-5,966,722	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	605,587,363	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	599,620,641	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	871,854,963	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	405,352	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,002,778	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,408,130	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,367,042	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,367,042	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,775,172	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	855,079,791	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	855,079,791	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	871,854,963	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150169

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

Worksheet G-1

Date/Time Prepared:
5/30/2013 10:56 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		677,481,799		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		177,597,993			2.00
3.00	Total (sum of line 1 and line 2)		855,079,792		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		855,079,792		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	BALANCING ADJUSTMENT	1		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		855,079,791		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	BALANCING ADJUSTMENT		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150169

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 10:56 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	109,645,046		109,645,046	1.00
2.00	SUBPROVIDER - IPF	15,806,954		15,806,954	2.00
3.00	SUBPROVIDER - IRF	6,418,817		6,418,817	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	131,870,817		131,870,817	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,802,402		10,802,402	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	57,844,540		57,844,540	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	68,646,942		68,646,942	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	200,517,759		200,517,759	17.00
18.00	Ancillary services	361,310,849	312,398,293	673,709,142	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	561,828,608	312,398,293	874,226,901	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		379,269,841		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		379,269,841		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150169

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

Worksheet G-3

Date/Time Prepared:
5/30/2013 10:56 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	874,226,901	1.00
2.00	Less contractual allowances and discounts on patients' accounts	502,413,294	2.00
3.00	Net patient revenues (line 1 minus line 2)	371,813,607	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	379,269,841	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,456,234	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	29,809,640	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	20,725	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	3,929,788	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	151,294,074	24.00
25.00	Total other income (sum of lines 6-24)	185,054,227	25.00
26.00	Total (line 5 plus line 25)	177,597,993	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	177,597,993	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150169	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 10:56 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,666,974	1.00
2.00	Capital DRG outlier payments		313,217	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		180.34	3.00
4.00	Number of interns & residents (see instructions)		1.56	4.00
5.00	Indirect medical education percentage (see instructions)		0.24	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		6,401	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.24	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		22.78	8.00
9.00	Sum of lines 7 and 8		26.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.41	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		144,283	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,130,875	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