

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: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/21/2014 9:19 am
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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: 4/29/2014 Time: 4:09 pm
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 MEMORIAL HOSPITAL OF SOUTH BEND, INC (150058) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	645,675	191,304	-572,799	0	1.00
2.00 Subprovider - IPF	0	40,835	0		0	2.00
3.00 Subprovider - IRF	0	567,453	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	1,253,963	191,304	-572,799	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/21/2014 9:19 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 615 N MICHIGAN ST			PO Box:						1.00	
2.00	City: SOUTH BEND			State: IN		Zip Code: 46601		County: ST. JOSEPH		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MEMORIAL HOSPITAL OF SOUTH BEND, INC	150058	43780	1	01/01/1984	N	P	P	3.00
4.00	Subprovider - IPF		PSYCHIATRIC UNIT	15S058	43780	4	04/07/2011	N	P	P	4.00
5.00	Subprovider - IRF		REHABILITATION UNIT	15T058	43780	5	01/01/1984	N	P	P	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 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	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		12,552	8,121	2,743	0	9,193	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		595	0	0	0	249	0		25.00	
						Urban/Rural S		Date of Geogr			
						1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00	

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		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 this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					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 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			3.00	3.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		16.76	21.76		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		16.76	23.50		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		16.76	21.78		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		19.76	23.50		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		3.00	1.72		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		3.00	3.00		61.06
			Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				0.00	0.00

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>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.</u>							
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	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. 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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
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	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. 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		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	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		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		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)						106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		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	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	995,875	709,921	1,705,796		
		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		
121.00	Did this facility incur and report costs for high cost 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	15H013		

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: MEMORIAL HEALTH SYSTEM	Contractor's Name: WI PHYS SVCS		Contractor's Number: 08001			
142.00	Street: 615 N MICHIGAN ST	PO Box:					
143.00	City: SOUTH BEND	State: IN		Zip Code: 46601			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				N	145.00	
				1.00			
				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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus 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
				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	
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	
				Beginni ng		Endi ng	
				1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/21/2014 9:19 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)	Y	12/01/2011		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/15/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		Y	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/21/2014 9:19 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LORI		CUNNINGHAM	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL HOSPITAL OF SOUTH BEND, INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	574-647-3327		LCUNNINGHAM@BEACONHEALTHSYSTM.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/15/2014	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 ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/21/2014 9:19 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	365	133,590	0.00	0	1.00
2.00 HMO and other (see instructions)						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)		365	133,590	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	32.00	32	11,712	0.00	0	9.00
9.10 NEONATAL INTENSIVE CARE UNIT	32.10	36	13,176	0.00	0	9.10
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		433	158,478	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,784		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,320		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
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)		477				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,812	12,003	73,182			1.00
2.00 HMO and other (see instructions)	6,793	20,057				2.00
3.00 HMO IPF Subprovider	261	64				3.00
4.00 HMO IRF Subprovider	55	249				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	25,812	12,003	73,182			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	1,841	0	6,890			9.00
9.10 NEONATAL INTENSIVE CARE UNIT	0	0	9,838			9.10
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	5,317			13.00
14.00 Total (see instructions)	27,653	12,003	95,227	24.24	2,113.46	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,149	92	5,114	0.00	36.10	16.00
17.00 SUBPROVIDER - IRF	1,745	595	4,214	0.00	23.81	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
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)				24.24	2,173.37	27.00
28.00 Observation Bed Days		0	3,415			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,177			30.00
31.00 Employee discount days - IRF			110			31.00
32.00 Labor & delivery days (see instructions)	0	549	926			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,752	5,792	19,995	1.00
2.00 HMO and other (see instructions)			1,530			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
9.10 NEONATAL INTENSIVE CARE UNIT						9.10
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	60.58	0	5,752	5,792	19,995	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	293	12	440	16.00
17.00 SUBPROVIDER - IRF	0.00	0	138	35	287	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
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)	60.58					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: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/21/2014 9:19 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	124,829,197	0	124,829,197	4,396,005.00	28.40	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		1,449,069	0	1,449,069	24,960.00	58.06	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,308,168	-1,565,879	4,742,289	250,588.00	18.92	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		1,428,090	0	1,428,090	34,464.00	41.44	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,180,682	0	1,180,682	7,393.00	159.70	13.00
14.00	Home office salaries & wage-related costs		13,563,476	0	13,563,476	283,398.00	47.86	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		35,959,908	0	35,959,908			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,101,690	0	2,101,690			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		245,187	0	245,187			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		380,027	0	380,027			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	939,329	27,279,536	28,218,865	23,815.00	1,184.92	26.00
27.00	Administrative & General	5.00	6,841,472	-1,597,835	5,243,637	253,774.00	20.66	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	455,551	-87,201	368,350	14,798.00	24.89	29.00
30.00	Operation of Plant	7.00	1,336,094	-318,019	1,018,075	54,020.00	18.85	30.00
31.00	Laundry & Linen Service	8.00	460	0	460	0.00	0.00	31.00
32.00	Housekeeping	9.00	3,698,077	-1,403,207	2,294,870	218,811.00	10.49	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,944,238	-1,928,666	1,015,572	118,143.00	8.60	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	857,781	857,781	63,615.00	13.48	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,121,904	-236,853	885,051	40,480.00	21.86	38.00
39.00	Central Services and Supply	14.00	1,878,650	-576,144	1,302,506	97,380.00	13.38	39.00
40.00	Pharmacy	15.00	4,699,487	-750,564	3,948,923	119,281.00	33.11	40.00
41.00	Medical Records & Medical Records Library	16.00	2,026,705	-562,779	1,463,926	95,134.00	15.39	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150058

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2014 9:19 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	2,423,469	-537,228	1,886,241	58,584.00	32.20	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: 150058

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2014 9:19 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	123,380,128	0	123,380,128	4,371,045.00	28.23	1.00
2.00	Excluded area salaries (see instructions)	6,308,168	-1,565,879	4,742,289	250,588.00	18.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	117,071,960	1,565,879	118,637,839	4,120,457.00	28.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,172,248	0	16,172,248	325,255.00	49.72	4.00
5.00	Subtotal wage-related costs (see inst.)	35,959,908	0	35,959,908	0.00	30.31	5.00
6.00	Total (sum of lines 3 thru 5)	169,204,116	1,565,879	170,769,995	4,445,712.00	38.41	6.00
7.00	Total overhead cost (see instructions)	28,365,436	20,138,821	48,504,257	1,157,835.00	41.89	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2014 9:19 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,367,659	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,855,560	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	21,124,975	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	424,396	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	527,817	14.00
15.00	'Workers' Compensation Insurance	655,916	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,793,390	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	214,572	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))	64,607	21.00
22.00	Day Care Cost and Allowances	5,226	22.00
23.00	Tuition Reimbursement	142,646	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	37,176,764	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	1,510,047	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150058

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

Worksheet S-3
Part V
Date/Time Prepared:
5/21/2014 9:19 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			12.00
13.00	Hospital-Based Hospice			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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/21/2014 9:19 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)		0.289161	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		110,336,615	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		191,757,409	6.00	
7.00	Medicaid cost (line 1 times line 6)		55,448,764	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		14,981	9.00	
10.00	Stand-alone SCHIP charges		931,606	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		269,384	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		254,403	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)		171,708	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		629,481	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		182,021	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)		10,313	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)		264,716	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	20,666,054	3,512,085	24,178,139	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,975,817	1,015,558	6,991,375	21.00
22.00	Partial payment by patients approved for charity care	61,168	209,987	271,155	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,914,649	805,571	6,720,220	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		37,482,135	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		603,081	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		36,879,054	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		10,663,984	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		17,384,204	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,648,920	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150058

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

Worksheet A
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	10,907,588	10,907,588	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	16,285,345	16,285,345	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	939,329	1,661,963	2,601,292	27,946,051	30,547,343	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,841,472	91,510,316	98,351,788	-25,923,095	72,428,693	5.00
6.00	00600	MAINTENANCE & REPAIRS	455,551	3,399,729	3,855,280	-87,201	3,768,079	6.00
7.00	00700	OPERATION OF PLANT	1,336,094	4,987,329	6,323,423	-318,019	6,005,404	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	460	1,801,017	1,801,477	0	1,801,477	8.00
9.00	00900	HOUSEKEEPING	3,698,077	3,158,094	6,856,171	-1,403,207	5,452,964	9.00
10.00	01000	DIETARY	2,944,238	2,744,838	5,689,076	-2,557,037	3,132,039	10.00
11.00	01100	CAFETERIA	0	0	0	1,486,152	1,486,152	11.00
13.00	01300	NURSING ADMINISTRATION	1,121,904	425,984	1,547,888	-236,853	1,311,035	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,878,650	4,453,764	6,332,414	-1,378,204	4,954,210	14.00
15.00	01500	PHARMACY	4,699,487	17,552,068	22,251,555	-12,794,864	9,456,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,026,705	1,279,761	3,306,466	-562,779	2,743,687	16.00
17.00	01700	SOCIAL SERVICE	2,423,469	833,413	3,256,882	-546,128	2,710,754	17.00
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	3,645,504	1,712,676	5,358,180	-615,276	4,742,904	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	80,558	57,013	137,571	-17,113	120,458	23.00
23.01	02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,414,619	11,730,122	39,144,741	-7,169,531	31,975,210	30.00
32.00	03200	CORONARY CARE UNIT	4,946,166	2,195,699	7,141,865	-1,216,034	5,925,831	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	5,343,615	2,137,917	7,481,532	-78,401	7,403,131	32.10
40.00	04000	SUBPROVIDER - IPF	1,676,459	645,477	2,321,936	-440,645	1,881,291	40.00
41.00	04100	SUBPROVIDER - IRF	1,348,365	477,339	1,825,704	-249,682	1,576,022	41.00
43.00	04300	NURSERY	1,471,702	542,301	2,014,003	-1,222,262	791,741	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,871,756	40,446,031	52,317,787	-35,282,970	17,034,817	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,340,254	1,936,834	6,277,088	-1,180,426	5,096,662	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,515,298	9,275,428	16,790,726	-5,950,763	10,839,963	54.00
57.00	05700	CT SCAN	1,137,969	719,131	1,857,100	-396,305	1,460,795	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	337,188	337,188	0	337,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,257,191	8,047,299	9,304,490	-231,977	9,072,513	59.00
60.00	06000	LABORATORY	2,417,453	12,088,929	14,506,382	-716,784	13,789,598	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,446,703	1,258,951	3,705,654	-583,980	3,121,674	65.00
66.00	06600	PHYSICAL THERAPY	2,568,293	1,244,541	3,812,834	-724,940	3,087,894	66.00
66.01	06601	PHYSICAL THERAPY EAST BANK	897,620	320,669	1,218,289	-183,081	1,035,208	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	343,880	85,629	429,509	-50,270	379,239	66.10
67.00	06700	OCCUPATIONAL THERAPY	1,166,260	319,663	1,485,923	-220,631	1,265,292	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	187,002	57,136	244,138	-37,864	206,274	67.10
68.00	06800	SPEECH PATHOLOGY	698,188	190,336	888,524	-118,484	770,040	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	167,877	43,007	210,884	-23,660	187,224	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,817,754	12,817,754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,978,108	24,978,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,950,424	11,950,424	73.00
76.00	03020	CARDIOLOGY	742,763	552,281	1,295,044	-121,582	1,173,462	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	623,753	210,919	834,672	-107,104	727,568	90.30
90.50	09004	SLEEP DISORDERS CLINIC	541,820	439,605	981,425	-111,447	869,978	90.50
91.00	09100	EMERGENCY	8,409,907	14,120,366	22,530,273	-1,945,412	20,584,861	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
118.00		SUBTOTALS (SUM OF LINES 1-117)	121,626,411	245,000,763	366,627,174	1,567,411	368,194,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	484,686	754,010	1,238,696	-174,664	1,064,032	193.00
193.10	19301	HEALTH PROPERTIES	1,039,049	1,964,718	3,003,767	-269,881	2,733,886	193.10
193.40	19303	LEIGHTON CENTER	0	0	0	0	0	193.40
193.50	19305	WELLNESS CENTER	873,591	1,232,126	2,105,717	-952,057	1,153,660	193.50
193.80	19308	UNUSED SPACE	0	0	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	496,843	170,981	667,824	-104,360	563,464	193.91
193.92	19311	CCOP	233,069	66,405	299,474	-49,356	250,118	193.92
193.93	19312	RESEARCH ADMIN	75,548	61,014	136,562	-17,093	119,469	193.93
200.00		TOTAL (SUM OF LINES 118-199)	124,829,197	249,250,017	374,079,214	0	374,079,214	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150058

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

Worksheet A
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,264,043	8,643,545	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-152,007	16,133,338	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,304,007	21,243,336	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-34,391,352	38,037,341	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,468,274	6,236,353	6.00
7.00	00700	OPERATION OF PLANT	0	6,005,404	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-564	1,800,913	8.00
9.00	00900	HOUSEKEEPING	0	5,452,964	9.00
10.00	01000	DIETARY	-189,151	2,942,888	10.00
11.00	01100	CAFETERIA	-1,028,259	457,893	11.00
13.00	01300	NURSING ADMINISTRATION	-67	1,310,968	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-81,777	4,872,433	14.00
15.00	01500	PHARMACY	83,714	9,540,405	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,045	2,731,642	16.00
17.00	01700	SOCIAL SERVICE	0	2,710,754	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,742,904	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-17,897	102,561	23.00
23.01	02301	PARAMED ED	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-57,403	31,917,807	30.00
32.00	03200	CORONARY CARE UNIT	0	5,925,831	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	-52,014	7,351,117	32.10
40.00	04000	SUBPROVIDER - I PF	0	1,881,291	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,576,022	41.00
43.00	04300	NURSERY	0	791,741	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-42,048	16,992,769	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-27,181	5,069,481	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-59,078	10,780,885	54.00
57.00	05700	CT SCAN	0	1,460,795	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	337,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,072,513	59.00
60.00	06000	LABORATORY	-433,373	13,356,225	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-3,374	3,118,300	65.00
66.00	06600	PHYSICAL THERAPY	-221,432	2,866,462	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	-75	1,035,133	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	-8,705	370,534	66.10
67.00	06700	OCCUPATIONAL THERAPY	-23,851	1,241,441	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	206,274	67.10
68.00	06800	SPEECH PATHOLOGY	-960	769,080	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	187,224	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,817,754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,978,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-45,029	11,905,395	73.00
76.00	03020	CARDIOLOGY	-24,050	1,149,412	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	-3,732	723,836	90.30
90.50	09004	SLEEP DISORDERS CLINIC	-7,725	862,253	90.50
91.00	09100	EMERGENCY	-8,884,049	11,700,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-54,783,260	313,411,325	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
193.00	19300	NONPAID WORKERS	-303,449	760,583	193.00
193.10	19301	HEALTH PROPERTIES	0	2,733,886	193.10
193.40	19303	LEIGHTON CENTER	0	0	193.40
193.50	19305	WELLNESS CENTER	0	1,153,660	193.50
193.80	19308	UNUSED SPACE	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	563,464	193.91
193.92	19311	CCOP	0	250,118	193.92
193.93	19312	RESEARCH ADMIN	0	119,469	193.93
200.00		TOTAL (SUM OF LINES 118-199)	-55,086,709	318,992,505	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W
		Date/Time Prepared: 5/21/2014 9:19 am		
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
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
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED PRGM-(SPECIFY)	02300		23.00
23.01	PARAMED	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
32.00	CORONARY CARE UNIT	03200		32.00
32.10	NEONATAL INTENSIVE CARE UNIT	03210		32.10
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
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY EAST BANK	06602		66.01
66.10	PHYSICAL THERAPY LIVING CENTER	06601		66.10
67.00	OCCUPATIONAL THERAPY	06700		67.00
67.10	OCCUPATIONAL THERAPY LIVING CENTER	06701		67.10
68.00	SPEECH PATHOLOGY	06800		68.00
68.10	SPEECH THERAPY LIVING CENTER	06801		68.10
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
76.00	CARDIOLOGY	03020		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.10	FAMILY PRACTICE CLINIC	09001		90.10
90.30	HEMATOLOGY ONCOLOGY CLINIC	09002		90.30
90.50	SLEEP DISORDERS CLINIC	09004		90.50
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
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
193.00	NONPAID WORKERS	19300		193.00
193.10	HEALTH PROPERTIES	19301		193.10
193.40	LEIGHTON CENTER	19303		193.40
193.50	WELLNESS CENTER	19305		193.50
193.80	UNUSED SPACE	19308		193.80
193.90	OCCUPATIONAL HEALTH	19309		193.90
193.91	RESEARCH AND PROTOCOL	19310		193.91
193.92	CCOP	19311		193.92
193.93	RESEARCH ADMIN	19312		193.93
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 - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,950,424	1.00	
	TOTALS		0	11,950,424		
B - SUPPLIES CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	37,177,270	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	
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	
	TOTALS		0	37,177,270		
C - AMORTIZATION TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	213,278	1.00	
	TOTALS		0	213,278		
D - INTEREST EXPENSE TO CAPITAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,859,461	1.00	
	TOTALS		0	3,859,461		
G - PT UTIL FROM H&L PER SQ FT						
1.00	PHYSICAL THERAPY EAST BANK	66.01	0	8,876	1.00	
	TOTALS		0	8,876		
H - EMPLOYEE UTILIZATION OF H&LC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	547,486	1.00	
	TOTALS		0	547,486		
I - MEDICAL DIRECTOR RECLASS						
1.00	SUBPROVIDER - IRF	41.00	0	61,421	1.00	
	TOTALS		0	61,421		
O - CAFETERIA FROM DIET RECLASS						
1.00	CAFETERIA	11.00	857,781	0	1.00	
	TOTALS		857,781	0		
V - MEDICAL DIRECTOR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	47,295	1.00	
	TOTALS		0	47,295		
W - WORKER COMP EH&W						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	122,016	1.00	
	TOTALS		0	122,016		
X - PROPERTY INSURANCE TO CAPITAL						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	566,117	1.00	
	TOTALS		0	566,117		
Y - GARAGE TO A&G						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	141,077	1.00	
	TOTALS		0	141,077		
AB - DEPRECIATION TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,807,211	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,993,452	2.00	
	TOTALS		0	23,800,663		
AD - PROPERTY TAX ON CAPITAL EQUIPMENT						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,015,898	1.00	
	TOTALS		0	1,015,898		
BE - DEPARTMENTS TO BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	27,407,248	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	

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6

Date/Time Prepared:
5/21/2014 9:19 am

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
11.00		0.00	0	0	0				11.00
12.00		0.00	0	0	0				12.00
13.00		0.00	0	0	0				13.00
14.00		0.00	0	0	0				14.00
15.00		0.00	0	0	0				15.00
16.00		0.00	0	0	0				16.00
17.00		0.00	0	0	0				17.00
18.00		0.00	0	0	0				18.00
19.00		0.00	0	0	0				19.00
20.00		0.00	0	0	0				20.00
21.00		0.00	0	0	0				21.00
22.00		0.00	0	0	0				22.00
23.00		0.00	0	0	0				23.00
24.00		0.00	0	0	0				24.00
25.00		0.00	0	0	0				25.00
26.00		0.00	0	0	0				26.00
27.00		0.00	0	0	0				27.00
28.00		0.00	0	0	0				28.00
29.00		0.00	0	0	0				29.00
30.00		0.00	0	0	0				30.00
31.00		0.00	0	0	0				31.00
32.00		0.00	0	0	0				32.00
33.00		0.00	0	0	0				33.00
34.00		0.00	0	0	0				34.00
35.00		0.00	0	0	0				35.00
36.00		0.00	0	0	0				36.00
37.00		0.00	0	0	0				37.00
38.00		0.00	0	0	0				38.00
39.00		0.00	0	0	0				39.00
40.00		0.00	0	0	0				40.00
41.00		0.00	0	0	0				41.00
42.00		0.00	0	0	0				42.00
43.00		0.00	0	0	0				43.00
44.00		0.00	0	0	0				44.00
TOTALS				27,407,248	0				
CI - CAPITAL TO A&G									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,582,015				1.00	
TOTALS			0	1,582,015					
DA - DACC TO CAPITAL									
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,987				1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,722				2.00	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	587,640				3.00	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	93,706				4.00	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,900				5.00	
6.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	500				6.00	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,110				7.00	
8.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,260				8.00	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	949				9.00	
10.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,327				10.00	
11.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	53,002				11.00	
12.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	528,238				12.00	
13.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	176,882				13.00	
14.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	22				14.00	
15.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	17,978				15.00	
16.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	26,164				16.00	
17.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,829				17.00	
18.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,361				18.00	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
19.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	3,789	19.00	
20.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	1,974	20.00	
21.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	270,363	21.00	
22.00	I & R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,085	22.00	
23.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	933,502	23.00	
24.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	179,818	24.00	
25.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	6,506	25.00	
26.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	173,740	26.00	
27.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	36,000	27.00	
28.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	16,327	28.00	
29.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	140,382	29.00	
	TOTALS		0	3,294,063		
DD - INTEREST EXPENSE TO CAPITAL						
1.00	INTEREST EXPENSE	113.00	0	3,859,461	1.00	
	TOTALS		0	3,859,461		
IM - IMPLANT SUPPLIES CHARGED TO PATIENTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	24,978,108	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
5.00		0.00	0	0	5.00	
	TOTALS		0	24,978,108		
OO - CAFETERIA FROM DIET NON-SALARIES						
1.00	CAFETERIA	11.00	0	628,371	1.00	
	TOTALS		0	628,371		
YY - GARAGE CAPITAL TO PROPERTIES						
1.00	HEALTH PROPERTIES	193.10	0	112,901	1.00	
	TOTALS		0	112,901		
500.00	Grand Total: Increases		28,265,029	113,966,201	500.00	

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6
Date/Time Prepared:
5/21/2014 9:19 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	11,950,424	0		1.00
	TOTALS		0	11,950,424			
B - SUPPLIES CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	214,420	0		1.00
2.00	PHARMACY	15.00	0	53	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	828,154	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	238,988	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	32.10	0	78,401	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	2,134	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	13,794	0		7.00
8.00	NURSERY	43.00	0	42	0		8.00
9.00	OPERATING ROOM	50.00	0	32,919,791	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	265,084	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,395,521	0		11.00
12.00	CT SCAN	57.00	0	25,080	0		12.00
14.00	RESPIRATORY THERAPY	65.00	0	60,719	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	4,570	0		15.00
16.00	CARDIOLOGY	76.00	0	135	0		16.00
17.00	HEMATOLOGY ONCOLOGY CLINIC	90.30	0	809	0		17.00
18.00	EMERGENCY	91.00	0	129,575	0		18.00
	TOTALS		0	37,177,270			
C - AMORTIZATION TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	213,278	11		1.00
	TOTALS		0	213,278			
D - INTEREST EXPENSE TO CAPITAL							
1.00	INTEREST EXPENSE	113.00	0	3,859,461	0		1.00
	TOTALS		0	3,859,461			
G - PT UTIL FROM H&L PER SQ FT							
1.00	WELLNESS CENTER	193.50	0	8,876	0		1.00
	TOTALS		0	8,876			
H - EMPLOYEE UTILIZATION OF H&LC							
1.00	WELLNESS CENTER	193.50	0	547,486	0		1.00
	TOTALS		0	547,486			
I - MEDICAL DIRECTOR RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	61,421	0		1.00
	TOTALS		0	61,421			
O - CAFETERIA FROM DIET RECLASS							
1.00	DIETARY	10.00	857,781	0	0		1.00
	TOTALS		857,781	0			
V - MEDICAL DIRECTOR RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	47,295	0		1.00
	TOTALS		0	47,295			
W - WORKER COMP EH&W							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	122,016	0		1.00
	TOTALS		0	122,016			
X - PROPERTY INSURANCE TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	566,117	11		1.00
	TOTALS		0	566,117			
Y - GARAGE TO A&G							
1.00	HEALTH PROPERTIES	193.10	0	141,077	0		1.00
	TOTALS		0	141,077			
AB - DEPRECIATION TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,800,663	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	23,800,663			
AD - PROPERTY TAX ON CAPITAL EQUIPMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,015,898	11		1.00
	TOTALS		0	1,015,898			
BE - DEPARTMENTS TO BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	127,712	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,597,835	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	87,201	0	0		3.00
4.00	OPERATION OF PLANT	7.00	318,019	0	0		4.00
5.00	HOUSEKEEPING	9.00	1,403,207	0	0		5.00
6.00	DIETARY	10.00	1,070,885	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	236,853	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	576,144	0	0		8.00
9.00	PHARMACY	15.00	750,564	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	562,779	0	0		10.00
11.00	SOCIAL SERVICE	17.00	537,228	0	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	551,782	0	0		12.00
13.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	17,113	0	0		13.00

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6
Date/Time Prepared:
5/21/2014 9:19 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
14.00	ADULTS & PEDIATRICS	30.00	6,378,562	0	0	14.00	
15.00	CORONARY CARE UNIT	32.00	969,459	0	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	296,360	0	0	16.00	
17.00	SUBPROVIDER - IPF	40.00	438,511	0	0	17.00	
18.00	NURSERY	43.00	1,222,220	0	0	18.00	
19.00	OPERATING ROOM	50.00	2,309,274	0	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	915,342	0	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	1,475,930	0	0	21.00	
22.00	CT SCAN	57.00	194,343	0	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	231,955	0	0	23.00	
24.00	LABORATORY	60.00	716,784	0	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	505,283	0	0	25.00	
26.00	PHYSICAL THERAPY	66.00	452,967	0	0	26.00	
27.00	PHYSICAL THERAPY LIVING CENTER	66.10	50,270	0	0	27.00	
28.00	PHYSICAL THERAPY EAST BANK	66.01	191,957	0	0	28.00	
29.00	OCCUPATIONAL THERAPY	67.00	220,631	0	0	29.00	
30.00	OCCUPATIONAL THERAPY LIVING CENTER	67.10	37,864	0	0	30.00	
31.00	SPEECH PATHOLOGY	68.00	118,484	0	0	31.00	
32.00	SPEECH THERAPY LIVING CENTER	68.10	23,660	0	0	32.00	
33.00	CARDIOLOGY	76.00	121,447	0	0	33.00	
34.00	NONPAID WORKERS	193.00	38,504	0	0	34.00	
35.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	64,079	0	0	35.00	
36.00	HEMATOLOGY ONCOLOGY CLINIC	90.30	106,295	0	0	36.00	
37.00	SLEEP DISORDERS CLINIC	90.50	111,447	0	0	37.00	
38.00	EMERGENCY	91.00	1,602,907	0	0	38.00	
39.00	NONPAID WORKERS	193.00	113,327	0	0	39.00	
40.00	HEALTH PROPERTIES	193.10	241,705	0	0	40.00	
41.00	WELLNESS CENTER	193.50	251,524	0	0	41.00	
42.00	RESEARCH AND PROTOCOL	193.91	102,386	0	0	42.00	
43.00	CCOP	193.92	49,356	0	0	43.00	
44.00	RESEARCH ADMIN	193.93	17,093	0	0	44.00	
	TOTALS		27,407,248	0			
CI - CAPITAL TO A&G							
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,582,015	11	1.00	
	TOTALS		0	1,582,015			
DA - DACC TO CAPITAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,987	14	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,722	14	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	587,640	14	3.00	
4.00	PHARMACY	15.00	0	93,706	14	4.00	
5.00	SOCIAL SERVICE	17.00	0	8,900	14	5.00	
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	500	14	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	10,110	14	7.00	
8.00	CORONARY CARE UNIT	32.00	0	1,260	14	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	949	14	9.00	
10.00	CORONARY CARE UNIT	32.00	0	6,327	14	10.00	
11.00	OPERATING ROOM	50.00	0	53,002	14	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	528,238	14	12.00	
13.00	CT SCAN	57.00	0	176,882	14	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	22	14	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	17,978	14	15.00	
16.00	PHYSICAL THERAPY	66.00	0	26,164	14	16.00	
17.00	EMERGENCY	91.00	0	1,829	14	17.00	
18.00	EMERGENCY	91.00	0	1,361	14	18.00	
19.00	WELLNESS CENTER	193.50	0	3,789	14	19.00	
20.00	RESEARCH AND PROTOCOL	193.91	0	1,974	14	20.00	
21.00	ADMINISTRATIVE & GENERAL	5.00	0	270,363	14	21.00	
22.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,085	14	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	933,502	14	23.00	
24.00	PHYSICAL THERAPY	66.00	0	179,818	14	24.00	
25.00	NONPAID WORKERS	193.00	0	6,506	14	25.00	
26.00	EMERGENCY	91.00	0	173,740	14	26.00	
27.00	EMERGENCY	91.00	0	36,000	14	27.00	
28.00	NONPAID WORKERS	193.00	0	16,327	14	28.00	
29.00	WELLNESS CENTER	193.50	0	140,382	14	29.00	
	TOTALS		0	3,294,063			

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6

Date/Time Prepared:
5/21/2014 9:19 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
DD - INTEREST EXPENSE TO CAPITAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,859,461	0	1.00
	TOTALS		0	3,859,461		
IM - IMPLANT SUPPLIES CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	117	0	1.00
2.00	OPERATING ROOM	50.00	0	903	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	617,572	0	3.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24,359,516	0	5.00
	TOTALS		0	24,978,108		
			0	0		
OO - CAFETERIA FROM DIET NON-SALARIES						
1.00	DIETARY	10.00	0	628,371	0	1.00
	TOTALS		0	628,371		
YY - GARAGE CAPITAL TO PROPERTIES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	112,901	9	1.00
	TOTALS		0	112,901		
500.00	Grand Total: Decreases		28,265,029	113,966,201		500.00

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/21/2014 9:19 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00
	TOTALS		TOTALS		0	
B - SUPPLIES CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
2.00		0.00	PHARMACY	15.00	0	2.00
3.00		0.00	ADULTS & PEDIATRICS	30.00	0	3.00
4.00		0.00	CORONARY CARE UNIT	32.00	0	4.00
5.00		0.00	NEONATAL INTENSIVE CARE UNIT	32.10	0	5.00
6.00		0.00	SUBPROVIDER - IPF	40.00	0	6.00
7.00		0.00	SUBPROVIDER - IRF	41.00	0	7.00
8.00		0.00	NURSERY	43.00	0	8.00
9.00		0.00	OPERATING ROOM	50.00	0	9.00
10.00		0.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10.00
11.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00		0.00	CT SCAN	57.00	0	12.00
14.00		0.00	RESPIRATORY THERAPY	65.00	0	14.00
15.00		0.00	PHYSICAL THERAPY	66.00	0	15.00
16.00		0.00	CARDIOLOGY	76.00	0	16.00
17.00		0.00	HEMATOLOGY ONCOLOGY CLINIC	90.30	0	17.00
18.00		0.00	EMERGENCY	91.00	0	18.00
	TOTALS		TOTALS		0	
C - AMORTIZATION TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		TOTALS		0	
D - INTEREST EXPENSE TO CAPITAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	INTEREST EXPENSE	113.00	0	1.00
	TOTALS		TOTALS		0	
G - UTIL FROM H&L PER SQ FT						
1.00	PHYSICAL THERAPY EAST BANK	66.01	WELLNESS CENTER	193.50	0	1.00
	TOTALS		TOTALS		0	
H - EMPLOYEE UTILIZATION OF H&LC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	WELLNESS CENTER	193.50	0	1.00
	TOTALS		TOTALS		0	
I - MEDICAL DIRECTOR RECLASS						
1.00	SUBPROVIDER - IRF	41.00	PHYSICAL THERAPY	66.00	0	1.00
	TOTALS		TOTALS		0	
O - CAFETERIA FROM DIET RECLASS						
1.00	CAFETERIA	11.00	DIETARY	10.00	857,781	1.00
	TOTALS		TOTALS		857,781	
V - MEDICAL DIRECTOR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		TOTALS		0	
W - WORKER COMP EH&W						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		TOTALS		0	
X - PROPERTY INSURANCE TO CAPITAL						
1.00	OTHER CAPITAL RELATED COSTS	3.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		TOTALS		0	
Y - GARAGE TO A&G						
1.00	ADMINISTRATIVE & GENERAL	5.00	HEALTH PROPERTIES	193.10	0	1.00
	TOTALS		TOTALS		0	
AB - DEPRECIATION TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	2.00
	TOTALS		TOTALS		0	
AD - PROPERTY TAX ON CAPITAL EQUIPMENT						
1.00	OTHER CAPITAL RELATED COSTS	3.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		TOTALS		0	
BE - DEPARTMENTS TO BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	127,712	1.00
2.00		0.00	ADMINISTRATIVE & GENERAL	5.00	1,597,835	2.00
3.00		0.00	MAINTENANCE & REPAIRS	6.00	87,201	3.00
4.00		0.00	OPERATION OF PLANT	7.00	318,019	4.00
5.00		0.00	HOUSEKEEPING	9.00	1,403,207	5.00
6.00		0.00	DIETARY	10.00	1,070,885	6.00
7.00		0.00	NURSING ADMINISTRATION	13.00	236,853	7.00
8.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	576,144	8.00
9.00		0.00	PHARMACY	15.00	750,564	9.00
10.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	562,779	10.00

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/21/2014 9:19 am

Increases				Decreases				
Cost Center	Line #	Salary		Cost Center	Line #	Salary		
2.00	3.00	4.00		6.00	7.00	8.00		
11.00	0.00			0	SOCI AL SERVI CE	17.00	537,228	11.00
12.00	0.00			0	I&R SERVI CES-OTHER PRGM COSTS APPRVD	22.00	551,782	12.00
13.00	0.00			0	PARAMED ED PRGM-(SPECIFY)	23.00	17,113	13.00
14.00	0.00			0	ADULTS & PEDI ATRI CS	30.00	6,378,562	14.00
15.00	0.00			0	CORONARY CARE UNI T	32.00	969,459	15.00
16.00	0.00			0	SUBPROVI DER - I RF	41.00	296,360	16.00
17.00	0.00			0	SUBPROVI DER - I PF	40.00	438,511	17.00
18.00	0.00			0	NURSERY	43.00	1,222,220	18.00
19.00	0.00			0	OPERATI NG ROOM	50.00	2,309,274	19.00
20.00	0.00			0	DELI VERY ROOM & LABOR ROOM	52.00	915,342	20.00
21.00	0.00			0	RADI OLOGY-DI AGNOSTI C	54.00	1,475,930	21.00
22.00	0.00			0	CT SCAN	57.00	194,343	22.00
23.00	0.00			0	CARDI AC CATHETERI ZATI ON	59.00	231,955	23.00
24.00	0.00			0	LABORATORY	60.00	716,784	24.00
25.00	0.00			0	RESPI RATORY THERAPY	65.00	505,283	25.00
26.00	0.00			0	PHYSI CAL THERAPY	66.00	452,967	26.00
27.00	0.00			0	PHYSI CAL THERAPY LI VI NG CENTER	66.10	50,270	27.00
28.00	0.00			0	PHYSI CAL THERAPY EAST BANK	66.01	191,957	28.00
29.00	0.00			0	OCCUPATI ONAL THERAPY	67.00	220,631	29.00
30.00	0.00			0	OCCUPATI ONAL THERAPY LI VI NG CENTER	67.10	37,864	30.00
31.00	0.00			0	SPEECH PATHOLOGY	68.00	118,484	31.00
32.00	0.00			0	SPEECH THERAPY LI VI NG CENTER	68.10	23,660	32.00
33.00	0.00			0	CARDI OLOGY	76.00	121,447	33.00
34.00	0.00			0	NONPAI D WORKERS	193.00	38,504	34.00
35.00	0.00			0	I&R SERVI CES-OTHER PRGM COSTS APPRVD	22.00	64,079	35.00
36.00	0.00			0	HEMATOLOGY ONCOLOGY CLI N I C	90.30	106,295	36.00
37.00	0.00			0	SLEEP DI SORDERS CLI N I C	90.50	111,447	37.00
38.00	0.00			0	EMERGENCY	91.00	1,602,907	38.00
39.00	0.00			0	NONPAI D WORKERS	193.00	113,327	39.00
40.00	0.00			0	HEALTH PROPERTI ES	193.10	241,705	40.00
41.00	0.00			0	WELLNESS CENTER	193.50	251,524	41.00
42.00	0.00			0	RESEARCH AND PROTOCOL	193.91	102,386	42.00
43.00	0.00			0	CCOP	193.92	49,356	43.00
44.00	0.00			0	RESEARCH ADMIN	193.93	17,093	44.00
TOTALS			27,407,248	TOTALS			27,407,248	
CI - CAPITAL TO A&G								
1.00	5.00			0	OTHER CAPITAL RELATED COSTS	3.00	0	1.00
TOTALS				TOTALS			0	
DA - DACC TO CAPITAL								
1.00	2.00			0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	2.00			0	ADMINI STRATI VE & GENERAL	5.00	0	2.00
3.00	2.00			0	CENTRAL SERVI CES & SUPPLY	14.00	0	3.00
4.00	2.00			0	PHARMACY	15.00	0	4.00
5.00	2.00			0	SOCI AL SERVI CE	17.00	0	5.00
6.00	2.00			0	I&R SERVI CES-OTHER PRGM COSTS APPRVD	22.00	0	6.00
7.00	2.00			0	ADULTS & PEDI ATRI CS	30.00	0	7.00
8.00	2.00			0	CORONARY CARE UNI T	32.00	0	8.00
9.00	2.00			0	SUBPROVI DER - I RF	41.00	0	9.00
10.00	2.00			0	CORONARY CARE UNI T	32.00	0	10.00
11.00	2.00			0	OPERATI NG ROOM	50.00	0	11.00
12.00	2.00			0	RADI OLOGY-DI AGNOSTI C	54.00	0	12.00
13.00	2.00			0	CT SCAN	57.00	0	13.00
14.00	2.00			0	CARDI AC CATHETERI ZATI ON	59.00	0	14.00
15.00	2.00			0	RESPI RATORY THERAPY	65.00	0	15.00
16.00	2.00			0	PHYSI CAL THERAPY	66.00	0	16.00

Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
17.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	EMERGENCY	91.00	0	17.00
18.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	EMERGENCY	91.00	0	18.00
19.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	WELLNESS CENTER	193.50	0	19.00
20.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	RESEARCH AND PROTOCOL	193.91	0	20.00
21.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	22.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	22.00
23.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23.00
24.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	PHYSICAL THERAPY	66.00	0	24.00
25.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	NONPAID WORKERS	193.00	0	25.00
26.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	EMERGENCY	91.00	0	26.00
27.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	EMERGENCY	91.00	0	27.00
28.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	NONPAID WORKERS	193.00	0	28.00
29.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00	WELLNESS CENTER	193.50	0	29.00
	TOTALS			TOTALS		0	
DD - INTEREST EXPENSE TO CAPITAL							
1.00	INTEREST EXPENSE	113.00		ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS			TOTALS		0	
IM - IMPLANT SUPPLIES CHARGED TO PATIENTS							
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		PHARMACY	15.00	0	1.00
2.00		0.00		OPERATING ROOM	50.00	0	2.00
3.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00	0	3.00
5.00		0.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5.00
	TOTALS			TOTALS		0	
OO - CAFETERIA FROM DIET NON-SALARIES							
1.00	CAFETERIA	11.00		DIETARY	10.00	0	1.00
	TOTALS			TOTALS		0	
YY - GARAGE CAPTIAL TO PROPERTIES							
1.00	HEALTH PROPERTIES	193.10		NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
	TOTALS			TOTALS		0	
500.00	Grand Total: Increases		28,265,029	Grand Total: Decreases		28,265,029	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150058

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

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2014 9:19 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	20,604,861	330,445	0	330,445	0 1.00
2.00	Land Improvements	3,026,444	13,315	0	13,315	0 2.00
3.00	Buildings and Fixtures	333,197,771	5,363,763	0	5,363,763	0 3.00
4.00	Building Improvements	722,092	0	0	0	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	220,192,147	12,387,259	0	12,387,259	407,606 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	577,743,315	18,094,782	0	18,094,782	407,606 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	577,743,315	18,094,782	0	18,094,782	407,606 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	20,935,306	0			1.00
2.00	Land Improvements	3,039,759	1,122,963			2.00
3.00	Buildings and Fixtures	338,561,534	23,913,128			3.00
4.00	Building Improvements	722,092	1,362,071			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	232,171,800	135,046,613			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	595,430,491	161,444,775			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	595,430,491	161,444,775			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150058

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

Worksheet A-7
Part II
Date/Time Prepared:
5/21/2014 9:19 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150058

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

Worksheet A-7
Part III
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	9,569,051	0	9,569,051	0.381543	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	15,510,821	0	15,510,821	0.618457	0	2.00
3.00	Total (sum of lines 1-2)	25,079,872	0	25,079,872	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,677,773	288,666	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	12,993,452	1,608,132	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,671,225	1,896,798	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-611,989	0	0	-1,710,905	8,643,545	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-1,760,139	0	0	3,291,893	16,133,338	2.00
3.00	Total (sum of lines 1-2)	-2,372,128	0	0	1,580,988	24,776,883	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150058

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

Worksheet A-8

Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-89,155	ADMINISTRATIVE & GENERAL	5.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-809,567	ADMINISTRATIVE & GENERAL	5.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-12,233,519				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	4,346,019				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-859,898	CAFETERIA	11.00		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	B	-12,045	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines	B	-757,552	ADMINISTRATIVE & GENERAL	5.00		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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150058

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

Worksheet A-8

Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	33.00
33.01 MEDICAL EDUCATION CME REVENUE	B	-22,006		ADMINISTRATIVE & GENERAL	5.00		0	33.01
33.05 TAXABLE SALES - FCMC	B	-5,307		ADULTS & PEDIATRICS	30.00		0	33.05
33.11 INTEREST INCOME - WORKING CAPIT	B	-908,610		NEW CAP REL COSTS-MVBLE EQUIP	2.00		11	33.11
33.15 PROGRAM MEAL OFFSET	B	-107,482		DIETARY	10.00		0	33.15
33.16 VISITOR MEAL OFFSET	B	-168,361		CAFETERIA	11.00		0	33.16
33.18 OTHER REVENUE - PICU TRANSPORT	B	-9,193		ADULTS & PEDIATRICS	30.00		0	33.18
33.19 OTHER REVENUE - REHAB ADMIN	B	-1,345		PHYSICAL THERAPY	66.00		0	33.19
33.22 OTHER REVENUE - RADIOLOGY DIAGN	B	-7,721		RADIOLOGY-DIAGNOSTIC	54.00		0	33.22
33.23 OTHER REVENUE - MED ED	B	-621		ADMINISTRATIVE & GENERAL	5.00		0	33.23
33.24 OTHER REVENUE - NICU	B	-2,168		NEONATAL INTENSIVE CARE UNIT	32.10		0	33.24
33.26 OTHER REVENUE - NEONATAL SERVICES	B	-825		NEONATAL INTENSIVE CARE UNIT	32.10		0	33.26
33.28 PACE CONSULTING AMORTIZATION	A	1,350		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.28
33.29 DEPRECIATION OTHER CAPITAL PROJ	A	598		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.29
33.30 OTHER REVENUE - DRIVER'S ED CON	B	-19,061		OCCUPATIONAL THERAPY	67.00		0	33.30
33.31 OTHER REVENUE BCC	B	-35		RADIOLOGY-DIAGNOSTIC	54.00		0	33.31
33.35 NONALLOWABLE CAPITALIZED INTERE	A	-13,123		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.35
33.38 EXCESS LIFING ADJUSTMENT	A	14,909		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.38
33.39 PACE COMPONENT DEPREC 29 V 23 Y	A	35,087		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.39
33.42 EXCESS CAPITALIZED INTEREST PAC	A	-9,762		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.42
33.46 ALLOWABLE CAPITALIZED INTEREST	A	10,626		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.46
33.48 NONALLOWABLE CAPITALIZED INTERE	A	-3,092		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.48
33.50 INCORRECT LIFING ON ASBESTOS AN	A	-11,357		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.50
33.55 OTHER REVENUE - RENT	B	-1,885,021		NEW CAP REL COSTS-BLDG & FIXT	1.00		14	33.55
33.57 MEMBERSHIP REVENUE	B	-13,345		ADMINISTRATIVE & GENERAL	5.00		0	33.57
33.58 SPECIAL PROGRAM REVENUE	B	-1,132,656		ADMINISTRATIVE & GENERAL	5.00		0	33.58
33.59 SEMINAR REVENUE	B	-28,863		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.59
33.63 STERILIZATION REVENUE	B	-27,181		DELIVERY ROOM & LABOR ROOM	52.00		0	33.63
33.66 OTHER REVENUE - NUTRITIONAL SER	B	-81,669		DIETARY	10.00		0	33.66
33.71 OTHER REVENUE - LAUNDRY	B	-564		LAUNDRY & LINEN SERVICE	8.00		0	33.71
33.75 OTHER REVENUE - EPWORTH OLDER ADULT	B	-406		ADULTS & PEDIATRICS	30.00		0	33.75
33.76 OTHER REVENUE - EPWORTH ADULT ACUTE	B	-8,013		ADULTS & PEDIATRICS	30.00		0	33.76
33.88 OTHER REVENUE - SBCSC PT	B	-191,143		PHYSICAL THERAPY	66.00		0	33.88
33.94 EDUC SERVICES EMS	B	-17,897		PARAMED ED PRGM-(SPECIFY)	23.00		0	33.94
33.96 PARKING GARAGE - OPERATING	A	-36,598		ADMINISTRATIVE & GENERAL	5.00		0	33.96
33.97 PARKING GARAGE - CAPITAL	A	-9,763		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.97
34.02 NON ALLOWABLE 1999 INTEREST	A	-886,105		NEW CAP REL COSTS-BLDG & FIXT	1.00		11	34.02
34.03 NON ALLOWABLE 1999 INTEREST	A	-851,529		NEW CAP REL COSTS-MVBLE EQUIP	2.00		11	34.03
34.04 ALLOWABLE BIC FOR 1999	A	60,838		NEW CAP REL COSTS-BLDG & FIXT	1.00		11	34.04
34.05 OTHER REVENUE - BENDIX FAMILY P	B	-303,449		NONPAID WORKERS	193.00		0	34.05
34.12 SELF INSURANCE EXPENSE OFFSET	A	-9,274,709		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	34.12
34.22 MASSAGE THERAPY REVENUE	B	-8,635		PHYSICAL THERAPY LIVING CENTER	66.10		0	34.22
34.23 ADMISSION REVENUE	B	-29,096		ADMINISTRATIVE & GENERAL	5.00		0	34.23
34.31 SKYWAY INTEREST AMORTIZATION	A	3,580		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	34.31
34.36 OLD CAPITAL - BUILDING	A	-16,665		NEW CAP REL COSTS-BLDG & FIXT	1.00		14	34.36

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		
34.37 NEW CAPITAL BUILDING	A	190,781	NEW CAP REL COSTS-BLDG & FIXT	1.00	14	34.37
35.00 OTHER REVENUE - NURSING ED	B	-67	NURSING ADMINISTRATION	13.00	0	35.00
35.02 OTHER REVENUE - AMBULANCE SUPPL	B	-81,447	CENTRAL SERVICES & SUPPLY	14.00	0	35.02
36.00 AFFILIATE RENT	B	-16,537	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
36.05 BAD DEBT	A	-26,651,375	ADMINISTRATIVE & GENERAL	5.00	0	36.05
36.18 TRUSTEE FEES	A	-352,768	ADMINISTRATIVE & GENERAL	5.00	0	36.18
36.22 NON ALLOWABLE PERSONAL AUTO	A	-6,960	ADMINISTRATIVE & GENERAL	5.00	0	36.22
36.23 CONTRIBUTIONS	A	-1,399,462	ADMINISTRATIVE & GENERAL	5.00	0	36.23
36.24 LIFE INSURANCE	A	216	ADMINISTRATIVE & GENERAL	5.00	0	36.24
36.25 NON-ALLOWED EXPENSES	A	-103,516	ADMINISTRATIVE & GENERAL	5.00	0	36.25
36.26 ENTRY FEES	B	-276,358	ADMINISTRATIVE & GENERAL	5.00	0	36.26
37.00 OTHER REVENUE - MATERNAL CHILD ADMIN	B	-26,324	ADULTS & PEDIATRICS	30.00	0	37.00
37.01 OTHER REVENUE - OSTC	B	-75	PHYSICAL THERAPY EAST BANK	66.01	0	37.01
37.02 OTHER REVENUE - 9S	B	-429	ADULTS & PEDIATRICS	30.00	0	37.02
37.03 OTHER REV - TRAUMA SVCS	B	-12,891	EMERGENCY	91.00	0	37.03
38.00 OTHER REVENUE - STERILE PROCESSING	B	-330	CENTRAL SERVICES & SUPPLY	14.00	0	38.00
39.00 OTHER REVENUE - TEAM PHARMACY	B	83,714	PHARMACY	15.00	14	39.00
40.00 OTHER REVENUE - PEDS REHAB STFF	B	-960	SPEECH PATHOLOGY	68.00	0	40.00
41.00 OTHER REVENUE - FCMC	B	-7,554	ADULTS & PEDIATRICS	30.00	0	41.00
42.00 OTHER REVENUE - PULMONARY MED/SURG	B	-3,374	RESPIRATORY THERAPY	65.00	0	42.00
43.00 OTHER REVENUE - PEDS EHAB OT	B	-4,790	OCCUPATIONAL THERAPY	67.00	0	43.00
44.00 OTHER REVENUE - PRENATAL CARE	B	-70	PHYSICAL THERAPY LIVING CENTER	66.10	0	44.00
44.02 OTHER REVENUE - PEDIATRIC ONCOLOGY	B	-3,732	HEMATOLOGY ONCOLOGY CLINIC	90.30	0	44.02
44.03 OTHER REVENUE - CV COMPREHENSIVE CR	B	-177	ADULTS & PEDIATRICS	30.00	0	44.03
44.04 LAB - GENERAL	B	-191	LABORATORY	60.00	0	44.04
44.06 OTHER REVENUE - PHARMACY	B	-29,928	DRUGS CHARGED TO PATIENTS	73.00	0	44.06
45.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-55,086,709				50.00

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

Provider CCN: 150058

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

Worksheet A-8-1

Date/Time Prepared: 5/21/2014 9:19 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0.00	HOME OFFICE OLD CAP-BUILD	0	0	1.00
2.00	0.00	HOME OFFICE OLD CAP-EQUIP	0	0	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	269,613	0	3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	1,608,132	0	4.00
4.01	6.00	MAINTENANCE & REPAIRS	23,603,944	0	4.01
4.02	6.00	MAINTENANCE & REPAIRS	0	21,135,670	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		25,481,689	21,135,670	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	MEM HLTH SYSTEM	77.32	MHSB ONLY	100.00	6.00
7.00	B	MEM HLTH SYSTEM	53.50	MHSB/EGH SHARED	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150058

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2014 9:19 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0	1.00
2.00	0	0	2.00
3.00	269,613	10	3.00
4.00	1,608,132	10	4.00
4.01	23,603,944	0	4.01
4.02	-21,135,670	0	4.02
5.00	4,346,019		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	HOME OFFICE	6.00
7.00	HOME OFFICE	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: 150058

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2014 9:19 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	DR. W	47,063	0	47,063	136,700	377	1.00
2.00	4.00	DR. P	435	435	0	136,700	0	2.00
3.00	76.00	DR. P	24,050	24,050	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	91.00	DR. S	58,363	0	58,363	136,700	503	5.00
6.00	91.00	DR. S	179,878	0	179,878	136,700	1,161	6.00
7.00	91.00	DR. T	341,800	0	341,800	136,700	1,709	7.00
8.00	5.00	DR. N	98,350	0	98,350	136,700	362	8.00
9.00	32.10	DR. P	8,063	0	8,063	152,100	51	9.00
10.00	90.50	DR. E	12,654	0	12,654	136,700	75	10.00
11.00	73.00	DR. T	26,865	0	26,865	136,700	179	11.00
12.00	66.00	DR. C	10,879	0	10,879	136,700	95	12.00
13.00	50.00	DR. S	7,888	0	7,888	136,700	46	13.00
14.00	5.00	DR. P	2,551,938	2,551,938	0	0	0	14.00
15.00	66.00	DR. L	53,225	0	53,225	136,700	440	15.00
16.00	50.00	DR. C	28,650	0	28,650	136,700	191	16.00
17.00	16.00	DR. S	1,156	0	1,156	136,700	18	17.00
18.00	60.00	DR. S	433,248	0	433,248	136,700	1	18.00
19.00	54.00	DR. R	41,088	0	41,088	136,700	240	19.00
20.00	54.00	DR. F	46,118	0	46,118	136,700	306	20.00
22.00	5.00	DR. F	128,351	0	128,351	136,700	1,111	22.00
23.00	50.00	DR. H	34,756	0	34,756	136,700	208	23.00
24.00	91.00	DR. P	1,993,742	1,993,742	0	0	0	24.00
25.00	91.00	DR. P	6,519,053	6,519,053	0	0	0	25.00
26.00	5.00	DR. H	11,475	0	11,475	136,700	77	26.00
27.00	32.10	DR. P	44,687	44,687	0	0	0	27.00
200.00			12,703,775	11,133,905	1,569,870		7,150	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	DR. W	24,777	1,239	0	0	0	1.00
2.00	4.00	DR. P	0	0	0	0	0	2.00
3.00	76.00	DR. P	0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	91.00	DR. S	33,058	1,653	0	0	0	5.00
6.00	91.00	DR. S	76,302	3,815	0	0	0	6.00
7.00	91.00	DR. T	112,318	5,616	0	0	0	7.00
8.00	5.00	DR. N	23,791	1,190	0	0	0	8.00
9.00	32.10	DR. P	3,729	186	0	0	0	9.00
10.00	90.50	DR. E	4,929	246	0	0	0	10.00
11.00	73.00	DR. T	11,764	588	0	0	0	11.00
12.00	66.00	DR. C	6,243	312	0	0	0	12.00
13.00	50.00	DR. S	3,023	151	0	0	0	13.00
14.00	5.00	DR. P	0	0	0	0	0	14.00
15.00	66.00	DR. L	28,917	1,446	0	0	0	15.00
16.00	50.00	DR. C	12,553	628	0	0	0	16.00
17.00	16.00	DR. S	1,183	59	0	0	0	17.00
18.00	60.00	DR. S	66	3	0	0	0	18.00
19.00	54.00	DR. R	15,773	789	0	0	0	19.00
20.00	54.00	DR. F	20,111	1,006	0	0	0	20.00
22.00	5.00	DR. F	73,016	3,651	0	0	0	22.00
23.00	50.00	DR. H	13,670	684	0	0	0	23.00
24.00	91.00	DR. P	0	0	0	0	0	24.00
25.00	91.00	DR. P	0	0	0	0	0	25.00
26.00	5.00	DR. H	5,060	253	0	0	0	26.00
27.00	32.10	DR. P	0	0	0	0	0	27.00
200.00			470,283	23,515	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	DR. W	0	24,777	22,286	22,286	1.00
2.00	4.00	DR. P	0	0	0	435	2.00
3.00	76.00	DR. P	0	0	0	24,050	3.00
4.00	0.00		0	0	0	0	4.00
5.00	91.00	DR. S	0	33,058	25,305	25,305	5.00
6.00	91.00	DR. S	0	76,302	103,576	103,576	6.00
7.00	91.00	DR. T	0	112,318	229,482	229,482	7.00
8.00	5.00	DR. N	0	23,791	74,559	74,559	8.00
9.00	32.10	DR. P	0	3,729	4,334	4,334	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150058

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2014 9:19 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
10.00	90.50	DR. E	0	4,929	7,725	7,725		10.00
11.00	73.00	DR. T	0	11,764	15,101	15,101		11.00
12.00	66.00	DR. C	0	6,243	4,636	4,636		12.00
13.00	50.00	DR. S	0	3,023	4,865	4,865		13.00
14.00	5.00	DR. P	0	0	0	2,551,938		14.00
15.00	66.00	DR. L	0	28,917	24,308	24,308		15.00
16.00	50.00	DR. C	0	12,553	16,097	16,097		16.00
17.00	16.00	DR. S	0	1,183	0	0		17.00
18.00	60.00	DR. S	0	66	433,182	433,182		18.00
19.00	54.00	DR. R	0	15,773	25,315	25,315		19.00
20.00	54.00	DR. F	0	20,111	26,007	26,007		20.00
22.00	5.00	DR. F	0	73,016	55,335	55,335		22.00
23.00	50.00	DR. H	0	13,670	21,086	21,086		23.00
24.00	91.00	DR. P	0	0	0	1,993,742		24.00
25.00	91.00	DR. P	0	0	0	6,519,053		25.00
26.00	5.00	DR. H	0	5,060	6,415	6,415		26.00
27.00	32.10	DR. P	0	0	0	44,687		27.00
200.00			0	470,283	1,099,614	12,233,519		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	8,643,545	8,643,545			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	16,133,338		16,133,338		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,243,336	63,237	118,032	21,424,605	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	38,037,341	1,424,934	2,659,665	1,182,986	5.00
6.00 00600	MAINTENANCE & REPAIRS	6,236,353	28,769	53,698	78,771	6.00
7.00 00700	OPERATION OF PLANT	6,005,404	1,330,251	2,482,938	231,029	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,800,913	1,308	2,442	80	8.00
9.00 00900	HOUSEKEEPING	5,452,964	130,037	242,717	639,449	9.00
10.00 01000	DIETARY	2,942,888	156,327	291,787	509,100	10.00
11.00 01100	CAFETERIA	457,893	38,625	72,095	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,310,968	70,838	132,220	193,993	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,872,433	274,175	511,752	324,845	14.00
15.00 01500	PHARMACY	9,540,405	82,812	154,570	812,607	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,731,642	46,011	85,881	350,446	16.00
17.00 01700	SOCIAL SERVICE	2,710,754	28,175	52,589	419,052	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	281,680	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,742,904	137,595	256,824	350,422	22.00
23.00 02300	PARAMED ED PRGM -(SPECIFY)	102,561	32,238	60,173	13,930	23.00
23.01 02301	PARAMED ED	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	31,917,807	1,719,139	3,208,809	4,740,422	30.00
32.00 03200	CORONARY CARE UNIT	5,925,831	149,199	278,483	855,261	32.00
32.10 03210	NEONATAL INTENSIVE CARE UNIT	7,351,117	74,109	138,326	923,986	32.10
40.00 04000	SUBPROVIDER - I PF	1,881,291	159,521	297,748	289,883	40.00
41.00 04100	SUBPROVIDER - I RF	1,576,022	102,379	191,092	233,151	41.00
43.00 04300	NURSERY	791,741	39,469	73,670	254,478	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,992,769	846,154	1,579,362	2,052,793	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,069,481	311,759	581,903	750,491	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,780,885	529,988	989,232	1,299,500	54.00
57.00 05700	CT SCAN	1,460,795	26,600	49,649	196,771	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	337,188	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	9,072,513	143,544	267,927	217,386	59.00
60.00 06000	LABORATORY	13,356,225	95,096	177,498	418,011	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	3,118,300	78,559	146,633	423,069	65.00
66.00 06600	PHYSICAL THERAPY	2,866,462	103,463	193,116	444,094	66.00
66.01 06601	PHYSICAL THERAPY EAST BANK	1,035,133	0	0	155,211	66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	370,534	0	0	59,462	66.10
67.00 06700	OCCUPATIONAL THERAPY	1,241,441	17,940	33,485	201,663	67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	206,274	0	0	32,335	67.10
68.00 06800	SPEECH PATHOLOGY	769,080	2,875	5,367	120,726	68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	187,224	0	0	29,028	68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,817,754	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	24,978,108	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,905,395	0	0	0	73.00
76.00 03020	CARDIOLOGY	1,149,412	0	0	128,434	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	723,836	80,419	150,103	107,856	90.30
90.50 09004	SLEEP DISORDERS CLINIC	862,253	0	0	93,688	90.50
91.00 09100	EMERGENCY	11,700,812	253,059	472,338	1,454,191	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	313,411,325	8,578,604	16,012,124	20,870,280	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
193.00 19300	NONPAID WORKERS	760,583	4,605	8,596	83,809	193.00
193.10 19301	HEALTH PROPERTIES	2,733,886	0	0	179,666	193.10
193.40 19303	LEIGHTON CENTER	0	54,250	101,258	0	193.40
193.50 19305	WELLNESS CENTER	1,153,660	0	0	151,575	193.50
193.80 19308	UNUSED SPACE	0	0	0	0	193.80
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	193.90
193.91 19310	RESEARCH AND PROTOCOL	563,464	0	0	85,911	193.91
193.92 19311	CCOP	250,118	2,359	4,403	40,301	193.92

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
193.93 19312 RESEARCH ADMIN	119,469	3,727	6,957	13,063	143,216	193.93
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	318,992,505	8,643,545	16,133,338	21,424,605	318,992,505	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/21/2014 9:19 am
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,304,926				5.00
6.00	00600	MAINTENANCE & REPAIRS	1,004,934	7,402,525			6.00
7.00	00700	OPERATION OF PLANT	1,578,595	1,381,754	13,009,971		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	283,489	1,359	2,937	2,092,528	8.00
9.00	00900	HOUSEKEEPING	1,015,548	135,072	291,870	0	7,907,657
10.00	01000	DIETARY	612,628	162,379	350,877	0	10,324
11.00	01100	CAFETERIA	89,318	40,121	86,695	0	0
13.00	01300	NURSING ADMINISTRATION	268,296	73,580	158,996	0	35,441
14.00	01400	CENTRAL SERVICES & SUPPLY	939,842	284,790	615,388	21,256	132,092
15.00	01500	PHARMACY	1,663,539	86,018	185,872	0	442,774
16.00	01600	MEDICAL RECORDS & LIBRARY	504,852	47,793	103,273	0	10,324
17.00	01700	SOCIAL SERVICE	504,316	29,266	63,239	0	130,629
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	44,246	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	862,015	142,922	308,834	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	32,814	33,486	72,359	0	0
23.01	02301	PARAMED ED	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,532,279	1,785,702	3,858,626	732,383	3,102,666
32.00	03200	CORONARY CARE UNIT	1,132,354	154,976	334,879	59,788	273,370
32.10	03210	NEONATAL INTENSIVE CARE UNIT	1,333,222	76,978	166,338	66,594	127,784
40.00	04000	SUBPROVIDER - IPF	412,876	165,697	358,045	28,027	0
41.00	04100	SUBPROVIDER - IRF	330,283	106,342	229,790	79,368	304,991
43.00	04300	NURSERY	182,112	40,997	88,589	19,894	175,662
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,372,677	878,914	1,899,200	285,015	365,875
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,054,578	323,829	699,745	98,635	305,235
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,136,226	550,507	1,189,563	189,470	641,928
57.00	05700	CT SCAN	272,348	27,630	59,703	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	52,965	0	0	8,272	0
59.00	05900	CARDIAC CATHETERIZATION	1,523,891	149,101	322,185	82,405	105,349
60.00	06000	LABORATORY	2,206,476	98,778	213,444	0	211,592
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	591,651	81,601	176,327	0	0
66.00	06600	PHYSICAL THERAPY	566,609	107,469	232,224	38,437	95,025
66.01	06602	PHYSICAL THERAPY EAST BANK	186,979	0	0	0	0
66.10	06601	PHYSICAL THERAPY LIVING CENTER	67,544	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	234,761	18,634	40,266	0	4,471
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	37,481	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	141,065	2,986	6,453	0	27,638
68.10	06801	SPEECH THERAPY LIVING CENTER	33,969	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,013,413	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,923,561	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,870,099	0	0	0	0
76.00	03020	CARDIOLOGY	200,724	0	0	0	11,462
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	166,853	83,532	180,501	34,135	103,560
90.50	09004	SLEEP DISORDERS CLINIC	150,159	0	0	12,303	0
91.00	09100	EMERGENCY	2,180,333	262,856	567,992	150,151	169,078
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	42,311,920	7,335,069	12,864,210	1,906,133	6,787,270
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
193.00	19300	NONPAID WORKERS	134,711	4,784	10,337	1,388	1,113,803
193.10	19301	HEALTH PROPERTIES	457,661	0	0	0	0
193.40	19303	LEIGHTON CENTER	24,427	56,350	121,764	0	6,584
193.50	19305	WELLNESS CENTER	205,026	0	0	185,007	0
193.80	19308	UNUSED SPACE	0	0	0	0	0
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0
193.91	19310	RESEARCH AND PROTOCOL	102,004	0	0	0	0
193.92	19311	CCOP	46,681	2,450	5,294	0	0
193.93	19312	RESEARCH ADMIN	22,496	3,872	8,366	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	43,304,926	7,402,525	13,009,971	2,092,528	7,907,657

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,036,310					10.00
11.00	01100	CAFETERIA	0	784,747				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,967	2,251,299			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,529	0	7,996,102		14.00
15.00	01500	PHARMACY	0	26,531	72	0	12,995,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,683	11,054	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	18,691	7,791	0	0	17.00
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	19,320	0	0	1,720	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	663	0	0	0	23.00
23.01	02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,133,504	220,230	946,571	0	9,700	30.00
32.00	03200	CORONARY CARE UNIT	382,337	33,273	186,778	0	654	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	31,168	177,134	0	4,106	32.10
40.00	04000	SUBPROVIDER - I PF	282,121	15,648	62,915	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	238,348	10,106	44,961	0	13	41.00
43.00	04300	NURSERY	0	10,862	46,455	0	84	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	78,139	299,398	0	1,697	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30,587	150,397	0	1,220	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,155	46,066	0	11,737	54.00
57.00	05700	CT SCAN	0	6,783	11	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,856	19,381	0	418	59.00
60.00	06000	LABORATORY	0	24,967	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	16,999	0	0	3,373	65.00
66.00	06600	PHYSICAL THERAPY	0	14,965	0	0	608	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	6,609	0	0	386	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	1,741	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	7,550	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	1,314	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	4,009	0	0	22	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	837	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,996,102	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	12,943,825	73.00
76.00	03020	CARDIOLOGY	0	4,142	11,249	0	556	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	3,588	19,593	0	8	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,805	0	0	0	90.50
91.00	09100	EMERGENCY	0	56,307	206,184	0	10,007	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
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,036,310	755,024	2,236,010	7,996,102	12,990,134	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,011	190.00
193.00	19300	NONPAID WORKERS	0	5,121	3,198	0	0	193.00
193.10	19301	HEALTH PROPERTIES	0	9,953	0	0	2,055	193.10
193.40	19303	LEIGHTON CENTER	0	0	0	0	0	193.40
193.50	19305	WELLNESS CENTER	0	9,014	0	0	0	193.50
193.80	19308	UNUSED SPACE	0	0	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	3,466	12,091	0	0	193.91
193.92	19311	CCOP	0	1,613	0	0	0	193.92
193.93	19312	RESEARCH ADMIN	0	556	0	0	0	193.93
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)	5,036,310	784,747	2,251,299	7,996,102	12,995,200	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,910,959					16.00
17.00 01700 SOCIAL SERVICE	0	3,964,502				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	325,926			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	6,822,556		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	348,224	23.00
23.01 02301 PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	548,170	2,441,955	244,360	5,115,138	0	30.00
32.00 03200 CORONARY CARE UNIT	50,874	261,127	0	0	0	32.00
32.10 03210 NEONATAL INTENSIVE CARE UNIT	17,806	148,249	5,481	114,743	0	32.10
40.00 04000 SUBPROVIDER - IPF	0	187,523	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	16,534	153,451	0	0	0	41.00
43.00 04300 NURSERY	12,719	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	933,543	1,300	27,545	576,597	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	17,426	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	702,065	0	1,959	41,016	0	54.00
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	315,420	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	8,105	169,657	0	65.00
66.00 06600 PHYSICAL THERAPY	438,791	0	0	0	0	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	108,108	0	0	0	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00 06800 SPEECH PATHOLOGY	49,602	0	0	0	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
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	713	14,915	0	73.00
76.00 03020 RADIOLOGY	293,799	0	12,785	267,621	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	79,066	0	0	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00 09100 EMERGENCY	423,528	674,405	20,922	437,956	348,224	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
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,910,959	3,964,502	321,870	6,737,643	348,224	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00 19300 NONPAID WORKERS	0	0	4,056	84,913	0	193.00
193.10 19301 HEALTH PROPERTIES	0	0	0	0	0	193.10
193.40 19303 LEIGHTON CENTER	0	0	0	0	0	193.40
193.50 19305 WELLNESS CENTER	0	0	0	0	0	193.50
193.80 19308 UNUSED SPACE	0	0	0	0	0	193.80
193.90 19309 OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91 19310 RESEARCH AND PROTOCOL	0	0	0	0	0	193.91
193.92 19311 CCOP	0	0	0	0	0	193.92
193.93 19312 RESEARCH ADMIN	0	0	0	0	0	193.93
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	23.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,910,959	3,964,502	325,926	6,822,556	348,224	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description			PARAMED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED ED	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	71,257,461	-5,359,498	65,897,963	30.00
32.00	03200	CORONARY CARE UNIT	0	10,079,184	0	10,079,184	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	10,757,141	-120,224	10,636,917	32.10
40.00	04000	SUBPROVIDER - IPF	0	4,141,295	0	4,141,295	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,616,831	0	3,616,831	41.00
43.00	04300	NURSERY	0	1,736,732	0	1,736,732	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	30,190,978	-604,142	29,586,836	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,395,286	0	9,395,286	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,162,297	-42,975	19,119,322	54.00
57.00	05700	CT SCAN	0	2,100,290	0	2,100,290	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	398,425	0	398,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,911,956	0	11,911,956	59.00
60.00	06000	LABORATORY	0	17,117,507	0	17,117,507	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	4,814,274	-177,762	4,636,512	65.00
66.00	06600	PHYSICAL THERAPY	0	5,101,263	0	5,101,263	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	1,384,318	0	1,384,318	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	499,281	0	499,281	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	1,908,319	0	1,908,319	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	277,404	0	277,404	67.10
68.00	06800	SPEECH PATHOLOGY	0	1,129,823	0	1,129,823	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	251,058	0	251,058	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,827,269	0	22,827,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,901,669	0	28,901,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,734,947	-15,628	26,719,319	73.00
76.00	03020	CARDIOLOGY	0	2,080,184	-280,406	1,799,778	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	1,733,050	0	1,733,050	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	1,122,208	0	1,122,208	90.50
91.00	09100	EMERGENCY	0	19,388,343	-458,878	18,929,465	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
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	310,018,793	-7,059,513	302,959,280	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,011	0	3,011	190.00
193.00	19300	NONPAID WORKERS	0	2,219,904	-88,969	2,130,935	193.00
193.10	19301	HEALTH PROPERTIES	0	3,383,221	0	3,383,221	193.10
193.40	19303	LEIGHTON CENTER	0	364,633	0	364,633	193.40
193.50	19305	WELLNESS CENTER	0	1,704,282	0	1,704,282	193.50
193.80	19308	UNUSED SPACE	0	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	766,936	0	766,936	193.91
193.92	19311	CCOP	0	353,219	0	353,219	193.92
193.93	19312	RESEARCH ADMIN	0	178,506	0	178,506	193.93
200.00		Cross Foot Adjustments	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PARAMED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	318,992,505	-7,148,482	311,844,023		202.00

COST ALLOCATION STATISTICS

Provider CCN: 150058

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

Worksheet Non-CMS W

Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	2	GROSS	SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE	FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	6	HOURS OF	SERVICE	9.00
10.00	DIETARY	7	MEALS	SERVED	10.00
11.00	CAFETERIA	8	HOURS OF	SERVICE	11.00
13.00	NURSING ADMINISTRATION	9	DI RECT	NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	14.00
15.00	PHARMACY	11	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	12	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	13	TIME	SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	14	ASSI GNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	15	ASSI GNED	TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	16	ASSI GNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	63,237	118,032	181,269	181,269
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,424,934	2,659,665	4,084,599	10,009
6.00 00600	MAINTENANCE & REPAIRS	0	28,769	53,698	82,467	666
7.00 00700	OPERATION OF PLANT	0	1,330,251	2,482,938	3,813,189	1,955
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,308	2,442	3,750	1
9.00 00900	HOUSEKEEPING	0	130,037	242,717	372,754	5,410
10.00 01000	DIETARY	0	156,327	291,787	448,114	4,307
11.00 01100	CAFETERIA	0	38,625	72,095	110,720	0
13.00 01300	NURSING ADMINISTRATION	0	70,838	132,220	203,058	1,641
14.00 01400	CENTRAL SERVICES & SUPPLY	0	274,175	511,752	785,927	2,748
15.00 01500	PHARMACY	0	82,812	154,570	237,382	6,875
16.00 01600	MEDICAL RECORDS & LIBRARY	0	46,011	85,881	131,892	2,965
17.00 01700	SOCIAL SERVICE	0	28,175	52,589	80,764	3,546
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,383
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	137,595	256,824	394,419	2,965
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	32,238	60,173	92,411	118
23.01 02301	PARAMED ED	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,719,139	3,208,809	4,927,948	40,106
32.00 03200	CORONARY CARE UNIT	0	149,199	278,483	427,682	7,236
32.10 03210	NEONATAL INTENSIVE CARE UNIT	0	74,109	138,326	212,435	7,818
40.00 04000	SUBPROVIDER - IPF	0	159,521	297,748	457,269	2,453
41.00 04100	SUBPROVIDER - IRF	0	102,379	191,092	293,471	1,973
43.00 04300	NURSERY	0	39,469	73,670	113,139	2,153
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	846,154	1,579,362	2,425,516	17,368
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	311,759	581,903	893,662	6,350
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	529,988	989,232	1,519,220	10,995
57.00 05700	CT SCAN	0	26,600	49,649	76,249	1,665
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	143,544	267,927	411,471	1,839
60.00 06000	LABORATORY	0	95,096	177,498	272,594	3,537
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	78,559	146,633	225,192	3,580
66.00 06600	PHYSICAL THERAPY	0	103,463	193,116	296,579	3,757
66.01 06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	1,313
66.10 06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	503
67.00 06700	OCCUPATIONAL THERAPY	0	17,940	33,485	51,425	1,706
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	274
68.00 06800	SPEECH PATHOLOGY	0	2,875	5,367	8,242	1,021
68.10 06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	246
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03020	CARDIOLOGY	0	0	0	0	1,087
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	0	0
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	0	80,419	150,103	230,522	913
90.50 09004	SLEEP DISORDERS CLINIC	0	0	0	0	793
91.00 09100	EMERGENCY	0	253,059	472,338	725,397	12,304
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,578,604	16,012,124	24,590,728	176,579
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
193.00 19300	NONPAID WORKERS	0	4,605	8,596	13,201	709
193.10 19301	HEALTH PROPERTIES	0	0	0	0	1,520
193.40 19303	LEIGHTON CENTER	0	54,250	101,258	155,508	0
193.50 19305	WELLNESS CENTER	0	0	0	0	1,282
193.80 19308	UNUSED SPACE	0	0	0	0	0
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	0
193.91 19310	RESEARCH AND PROTOCOL	0	0	0	0	727
193.92 19311	CCOP	0	2,359	4,403	6,762	341
193.93 19312	RESEARCH ADMIN	0	3,727	6,957	10,684	111

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers			0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	8,643,545	16,133,338	24,776,883	181,269

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/21/2014 9:19 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	4,094,608			5.00		
6.00	00600	MAINTENANCE & REPAIRS	95,017	178,150		6.00		
7.00	00700	OPERATION OF PLANT	149,257	33,253	3,997,654	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	26,804	33	902	31,490	8.00	
9.00	00900	HOUSEKEEPING	96,021	3,251	89,685	0	567,121	9.00
10.00	01000	DIETARY	57,924	3,908	107,816	0	740	10.00
11.00	01100	CAFETERIA	8,445	966	26,639	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,367	1,771	48,856	0	2,542	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	88,863	6,854	189,094	320	9,473	14.00
15.00	01500	PHARMACY	157,289	2,070	57,114	0	31,755	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,734	1,150	31,733	0	740	16.00
17.00	01700	SOCIAL SERVICE	47,683	704	19,432	0	9,368	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,184	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	81,504	3,440	94,897	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,103	806	22,234	0	0	23.00
23.01	02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	617,730	42,974	1,185,665	11,023	222,518	30.00
32.00	03200	CORONARY CARE UNIT	107,065	3,730	102,900	900	19,606	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	126,057	1,853	51,112	1,002	9,164	32.10
40.00	04000	SUBPROVIDER - IPF	39,038	3,988	110,019	422	0	40.00
41.00	04100	SUBPROVIDER - IRF	31,228	2,559	70,609	1,194	21,873	41.00
43.00	04300	NURSERY	17,219	987	27,221	299	12,598	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	318,888	21,152	583,579	4,289	26,240	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	99,711	7,793	215,015	1,484	21,891	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,981	13,249	365,524	2,851	46,038	54.00
57.00	05700	CT SCAN	25,751	665	18,345	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,008	0	0	124	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	144,085	3,588	99,000	1,240	7,555	59.00
60.00	06000	LABORATORY	208,624	2,377	65,586	0	15,175	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	55,941	1,964	54,181	0	0	65.00
66.00	06600	PHYSICAL THERAPY	53,573	2,586	71,357	578	6,815	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	17,679	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	6,386	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	22,197	448	12,373	0	321	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	3,544	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	13,338	72	1,983	0	1,982	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	3,212	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	190,369	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,975	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	176,819	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	18,979	0	0	0	822	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	15,776	2,010	55,464	514	7,427	90.30
90.50	09004	SLEEP DISORDERS CLINIC	14,198	0	0	185	0	90.50
91.00	09100	EMERGENCY	206,152	6,326	174,530	2,260	12,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,000,718	176,527	3,952,865	28,685	486,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	12,737	115	3,176	21	79,880	193.00
193.10	19301	HEALTH PROPERTIES	43,272	0	0	0	0	193.10
193.40	19303	LEIGHTON CENTER	2,310	1,356	37,415	0	472	193.40
193.50	19305	WELLNESS CENTER	19,385	0	0	2,784	0	193.50
193.80	19308	UNUSED SPACE	0	0	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	9,645	0	0	0	0	193.91
193.92	19311	CCOP	4,414	59	1,627	0	0	193.92
193.93	19312	RESEARCH ADMIN	2,127	93	2,571	0	0	193.93
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)	4,094,608	178,150	3,997,654	31,490	567,121	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/21/2014 9:19 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	622,809					10.00
11.00	01100	CAFETERIA	0	146,770				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,303	284,538			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,652	0	1,086,931		14.00
15.00	01500	PHARMACY	0	4,962	9	0	497,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,681	1,397	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,496	985	0	0	17.00
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	3,614	0	0	66	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	124	0	0	0	23.00
23.01	02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	511,165	41,186	119,636	0	371	30.00
32.00	03200	CORONARY CARE UNIT	47,281	6,223	23,607	0	25	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	5,829	22,388	0	157	32.10
40.00	04000	SUBPROVIDER - I PF	34,888	2,927	7,952	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	29,475	1,890	5,683	0	0	41.00
43.00	04300	NURSERY	0	2,032	5,871	0	3	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,614	37,840	0	65	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,721	19,008	0	47	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,755	5,822	0	449	54.00
57.00	05700	CT SCAN	0	1,269	1	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,469	2,450	0	16	59.00
60.00	06000	LABORATORY	0	4,670	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,179	0	0	129	65.00
66.00	06600	PHYSICAL THERAPY	0	2,799	0	0	23	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	1,236	0	0	15	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	326	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	1,412	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	246	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	750	0	0	1	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	157	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,086,931	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	495,491	73.00
76.00	03020	CARDIOLOGY	0	775	1,422	0	21	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	671	2,476	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	712	0	0	0	90.50
91.00	09100	EMERGENCY	0	10,531	26,059	0	383	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
118.00		SUBTOTALS (SUM OF LINES 1-117)	622,809	141,211	282,606	1,086,931	497,262	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	115	190.00
193.00	19300	NONPAID WORKERS	0	958	404	0	0	193.00
193.10	19301	HEALTH PROPERTIES	0	1,861	0	0	79	193.10
193.40	19303	LEIGHTON CENTER	0	0	0	0	0	193.40
193.50	19305	WELLNESS CENTER	0	1,686	0	0	0	193.50
193.80	19308	UNUSED SPACE	0	0	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	648	1,528	0	0	193.91
193.92	19311	CCOP	0	302	0	0	0	193.92
193.93	19312	RESEARCH ADMIN	0	104	0	0	0	193.93
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)	622,809	146,770	284,538	1,086,931	497,456	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	221,292					16.00
17.00 01700 SOCIAL SERVICE	0	165,978				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,567			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	580,905		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	118,796	23.00
23.01 02301 PARAMED PRGM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	31,017	102,235				30.00
32.00 03200 CORONARY CARE UNIT	2,879	10,932				32.00
32.10 03210 NEONATAL INTENSIVE CARE UNIT	1,008	6,207				32.10
40.00 04000 SUBPROVIDER - IPF	0	7,851				40.00
41.00 04100 SUBPROVIDER - IRF	936	6,424				41.00
43.00 04300 NURSERY	720	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	52,820	54				50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	730				52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	39,725	0				54.00
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	17,847	0				60.00
60.01 06001 BLOOD LABORATORY	0	0				60.01
65.00 06500 RESPIRATORY THERAPY	0	0				65.00
66.00 06600 PHYSICAL THERAPY	24,828	0				66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0				66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0				66.10
67.00 06700 OCCUPATIONAL THERAPY	6,117	0				67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0				67.10
68.00 06800 SPEECH PATHOLOGY	2,807	0				68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0				68.10
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
76.00 03020 RADIOLOGY	16,624	0				76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0				90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0				90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	3,310				90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	0				90.50
91.00 09100 EMERGENCY	23,964	28,235				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	221,292	165,978	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
193.00 19300 NONPAID WORKERS	0	0				193.00
193.10 19301 HEALTH PROPERTIES	0	0				193.10
193.40 19303 LEIGHTON CENTER	0	0				193.40
193.50 19305 WELLNESS CENTER	0	0				193.50
193.80 19308 UNUSED SPACE	0	0				193.80
193.90 19309 OCCUPATIONAL HEALTH	0	0				193.90
193.91 19310 RESEARCH AND PROTOCOL	0	0				193.91
193.92 19311 CCOP	0	0				193.92
193.93 19312 RESEARCH ADMIN	0	0				193.93
200.00 Cross Foot Adjustments			6,567	580,905	118,796	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	221,292	165,978	6,567	580,905	118,796	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		PARAMED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301					23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000		7,853,574	0	7,853,574	30.00
32.00	03200		760,066	0	760,066	32.00
32.10	03210		445,030	0	445,030	32.10
40.00	04000		666,807	0	666,807	40.00
41.00	04100		467,315	0	467,315	41.00
43.00	04300		182,242	0	182,242	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000		3,502,425	0	3,502,425	50.00
52.00	05200		1,271,412	0	1,271,412	52.00
54.00	05400		2,215,609	0	2,215,609	54.00
57.00	05700		123,945	0	123,945	57.00
58.00	05800		5,132	0	5,132	58.00
59.00	05900		672,713	0	672,713	59.00
60.00	06000		590,410	0	590,410	60.00
60.01	06001		0	0	0	60.01
65.00	06500		344,166	0	344,166	65.00
66.00	06600		462,895	0	462,895	66.00
66.01	06602		20,243	0	20,243	66.01
66.10	06601		7,215	0	7,215	66.10
67.00	06700		95,999	0	95,999	67.00
67.10	06701		4,064	0	4,064	67.10
68.00	06800		30,196	0	30,196	68.00
68.10	06801		3,615	0	3,615	68.10
70.00	07000		0	0	0	70.00
71.00	07100		1,277,300	0	1,277,300	71.00
72.00	07200		370,975	0	370,975	72.00
73.00	07300		672,310	0	672,310	73.00
76.00	03020		39,730	0	39,730	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000		0	0	0	90.00
90.10	09001		0	0	0	90.10
90.30	09002		319,083	0	319,083	90.30
90.50	09004		15,888	0	15,888	90.50
91.00	09100		1,228,267	0	1,228,267	91.00
92.00	09200			0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00			0	23,648,626	0	23,648,626
NONREIMBURSABLE COST CENTERS						
190.00	19000		115	0	115	190.00
193.00	19300		111,201	0	111,201	193.00
193.10	19301		46,732	0	46,732	193.10
193.40	19303		197,061	0	197,061	193.40
193.50	19305		25,137	0	25,137	193.50
193.80	19308		0	0	0	193.80
193.90	19309		0	0	0	193.90
193.91	19310		12,548	0	12,548	193.91
193.92	19311		13,505	0	13,505	193.92
193.93	19312		15,690	0	15,690	193.93
200.00			0	706,268	0	706,268

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		PARAMED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	24,776,883	0	24,776,883		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,004,093					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,004,093				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,346	7,346	123,902,949			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	165,530	165,530	6,841,472	-43,304,926	275,687,579	5.00
6.00 00600	MAINTENANCE & REPAIRS	3,342	3,342	455,551	0	6,397,591	6.00
7.00 00700	OPERATION OF PLANT	154,531	154,531	1,336,094	0	10,049,622	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	152	152	460	0	1,804,743	8.00
9.00 00900	HOUSEKEEPING	15,106	15,106	3,698,077	0	6,465,167	9.00
10.00 01000	DIETARY	18,160	18,160	2,944,238	0	3,900,102	10.00
11.00 01100	CAFETERIA	4,487	4,487	0	0	568,613	11.00
13.00 01300	NURSING ADMINISTRATION	8,229	8,229	1,121,904	0	1,708,019	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	31,850	31,850	1,878,650	0	5,983,205	14.00
15.00 01500	PHARMACY	9,620	9,620	4,699,487	0	10,590,394	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,345	5,345	2,026,705	0	3,213,980	16.00
17.00 01700	SOCIAL SERVICE	3,273	3,273	2,423,469	0	3,210,570	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,629,018	0	281,680	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,984	15,984	2,026,567	0	5,487,745	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	3,745	3,745	80,558	0	208,902	23.00
23.01 02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	199,707	199,707	27,414,619	0	41,586,177	30.00
32.00 03200	CORONARY CARE UNIT	17,332	17,332	4,946,166	0	7,208,774	32.00
32.10 03210	NEONATAL INTENSIVE CARE UNIT	8,609	8,609	5,343,615	0	8,487,538	32.10
40.00 04000	SUBPROVIDER - I PF	18,531	18,531	1,676,459	0	2,628,443	40.00
41.00 04100	SUBPROVIDER - I RF	11,893	11,893	1,348,365	0	2,102,644	41.00
43.00 04300	NURSERY	4,585	4,585	1,471,702	0	1,159,358	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	98,295	98,295	11,871,756	0	21,471,078	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	36,216	36,216	4,340,254	0	6,713,634	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	61,567	61,567	7,515,298	0	13,599,605	54.00
57.00 05700	CT SCAN	3,090	3,090	1,137,969	0	1,733,815	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	337,188	58.00
59.00 05900	CARDIAC CATHETERIZATION	16,675	16,675	1,257,191	0	9,701,370	59.00
60.00 06000	LABORATORY	11,047	11,047	2,417,453	0	14,046,830	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	9,126	9,126	2,446,703	0	3,766,561	65.00
66.00 06600	PHYSICAL THERAPY	12,019	12,019	2,568,293	0	3,607,135	66.00
66.01 06602	PHYSICAL THERAPY EAST BANK	0	0	897,620	0	1,190,344	66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	0	0	343,880	0	429,996	66.10
67.00 06700	OCCUPATIONAL THERAPY	2,084	2,084	1,166,260	0	1,494,529	67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	187,002	0	238,609	67.10
68.00 06800	SPEECH PATHOLOGY	334	334	698,188	0	898,048	68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	0	0	167,877	0	216,252	68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,817,754	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	24,978,108	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,905,395	73.00
76.00 03020	CARDIOLOGY	0	0	742,763	0	1,277,846	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	9,342	9,342	623,753	0	1,062,214	90.30
90.50 09004	SLEEP DISORDERS CLINIC	0	0	541,820	0	955,941	90.50
91.00 09100	EMERGENCY	29,397	29,397	8,409,907	0	13,880,400	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	996,549	996,549	120,697,163	-43,304,926	269,365,919	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00 19300	NONPAID WORKERS	535	535	484,686	0	857,593	193.00
193.10 19301	HEALTH PROPERTIES	0	0	1,039,049	0	2,913,552	193.10
193.40 19303	LEIGHTON CENTER	6,302	6,302	0	0	155,508	193.40
193.50 19305	WELLNESS CENTER	0	0	876,591	0	1,305,235	193.50
193.80 19308	UNUSED SPACE	0	0	0	0	0	193.80
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91 19310	RESEARCH AND PROTOCOL	0	0	496,843	0	649,375	193.91
193.92 19311	CCOP	274	274	233,069	0	297,181	193.92

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
193.93 19312 RESEARCH ADMIN	433	433	75,548	0	143,216	193.93	
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)	8,643,545	16,133,338	21,424,605		43,304,926	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	8.608311	16.067573	0.172914		0.157080	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			181,269		4,094,608	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001463		0.014852	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	827,875				6.00
7.00	00700	OPERATION OF PLANT	154,531	673,344			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	152	152	3,303,555		8.00
9.00	00900	HOUSEKEEPING	15,106	15,106	0	97,280	9.00
10.00	01000	DIETARY	18,160	18,160	0	127	325,952
11.00	01100	CAFETERIA	4,487	4,487	0	0	0
13.00	01300	NURSING ADMINISTRATION	8,229	8,229	0	436	0
14.00	01400	CENTRAL SERVICES & SUPPLY	31,850	31,850	33,557	1,625	0
15.00	01500	PHARMACY	9,620	9,620	0	5,447	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,345	5,345	0	127	0
17.00	01700	SOCIAL SERVICE	3,273	3,273	0	1,607	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,984	15,984	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,745	3,745	0	0	0
23.01	02301	PARAMED ED	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	199,707	199,707	1,156,238	38,169	267,522
32.00	03200	CORONARY CARE UNIT	17,332	17,332	94,390	3,363	24,745
32.10	03210	NEONATAL INTENSIVE CARE UNIT	8,609	8,609	105,135	1,572	0
40.00	04000	SUBPROVIDER - I/PF	18,531	18,531	44,248	0	18,259
41.00	04100	SUBPROVIDER - I/RF	11,893	11,893	125,302	3,752	15,426
43.00	04300	NURSERY	4,585	4,585	31,408	2,161	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	98,295	98,295	449,964	4,501	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,216	36,216	155,719	3,755	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,567	61,567	299,124	7,897	0
57.00	05700	CT SCAN	3,090	3,090	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	13,059	0	0
59.00	05900	CARDIAC CATHETERIZATION	16,675	16,675	130,096	1,296	0
60.00	06000	LABORATORY	11,047	11,047	0	2,603	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,126	9,126	0	0	0
66.00	06600	PHYSICAL THERAPY	12,019	12,019	60,682	1,169	0
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,084	2,084	0	55	0
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	334	334	0	340	0
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	CARDIOLOGY	0	0	0	141	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	9,342	9,342	53,890	1,274	0
90.50	09004	SLEEP DISORDERS CLINIC	0	0	19,424	0	0
91.00	09100	EMERGENCY	29,397	29,397	237,050	2,080	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	820,331	665,800	3,009,286	83,497	325,952
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
193.00	19300	NONPAID WORKERS	535	535	2,192	13,702	0
193.10	19301	HEALTH PROPERTIES	0	0	0	0	0
193.40	19303	LEIGHTON CENTER	6,302	6,302	0	81	0
193.50	19305	WELLNESS CENTER	0	0	292,077	0	0
193.80	19308	UNUSED SPACE	0	0	0	0	0
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0
193.91	19310	RESEARCH AND PROTOCOL	0	0	0	0	0
193.92	19311	CCOP	274	274	0	0	0
193.93	19312	RESEARCH ADMIN	433	433	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	7,402,525	13,009,971	2,092,528	7,907,657	5,036,310	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.941597	19.321433	0.633417	81.287593	15.451079	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	178,150	3,997,654	31,490	567,121	622,809	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.215189	5.937016	0.009532	5.829780	1.910738	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		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
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,396,065					11.00
13.00	01300	30,152	1,286,092				13.00
14.00	01400	84,512	0	10,000			14.00
15.00	01500	114,816	41	0	11,997,855		15.00
16.00	01600	85,179	6,315	0	0	3,075	16.00
17.00	01700	80,887	4,451	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	83,611	0	0	1,588	0	22.00
23.00	02300	2,869	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	953,053	540,744	0	8,956	431	30.00
32.00	03200	143,994	106,700	0	604	40	32.00
32.10	03210	134,883	101,191	0	3,791	14	32.10
40.00	04000	67,719	35,941	0	0	0	40.00
41.00	04100	43,735	25,685	0	12	13	41.00
43.00	04300	47,008	26,538	0	78	10	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	338,154	171,036	0	1,567	734	50.00
52.00	05200	132,368	85,917	0	1,126	0	52.00
54.00	05400	225,708	26,316	0	10,836	552	54.00
57.00	05700	29,355	6	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	33,998	11,072	0	386	0	59.00
60.00	06000	108,048	0	0	0	248	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	73,567	0	0	3,114	0	65.00
66.00	06600	64,762	0	0	561	345	66.00
66.01	06602	28,600	0	0	356	0	66.01
66.10	06601	7,533	0	0	0	0	66.10
67.00	06700	32,672	0	0	0	85	67.00
67.10	06701	5,686	0	0	0	0	67.10
68.00	06800	17,350	0	0	20	39	68.00
68.10	06801	3,623	0	0	0	0	68.10
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	10,000	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	11,950,424	0	73.00
76.00	03020	17,925	6,426	0	513	231	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.10	09001	0	0	0	0	0	90.10
90.30	09002	15,526	11,193	0	7	0	90.30
90.50	09004	16,467	0	0	0	0	90.50
91.00	09100	243,675	117,786	0	9,239	333	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		3,267,435	1,277,358	10,000	11,993,178	3,075	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	2,780	0	190.00
193.00	19300	22,160	1,827	0	0	0	193.00
193.10	19301	43,071	0	0	1,897	0	193.10
193.40	19303	0	0	0	0	0	193.40
193.50	19305	39,011	0	0	0	0	193.50
193.80	19308	0	0	0	0	0	193.80
193.90	19309	0	0	0	0	0	193.90
193.91	19310	14,998	6,907	0	0	0	193.91
193.92	19311	6,982	0	0	0	0	193.92
193.93	19312	2,408	0	0	0	0	193.93
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	784,747	2,251,299	7,996,102	12,995,200	3,910,959	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.231075	1.750496	799.610200	1.083127	1,271.856585	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	146,770	284,538	1,086,931	497,456	221,292	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.043218	0.221242	108.693100	0.041462	71.964878	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	15,243					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	40,254				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		40,254			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0			100		23.00
23.01 02301 PARAMED ED	0			0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,389	30,180	30,180	0	0	30.00
32.00 03200 CORONARY CARE UNIT	1,004	0	0	0	0	32.00
32.10 03210 NEONATAL INTENSIVE CARE UNIT	570	677	677	0	0	32.10
40.00 04000 SUBPROVIDER - IPF	721	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	590	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5	3,402	3,402	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	67	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	242	242	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	1,001	1,001	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
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	88	88	0	0	73.00
76.00 03020 RADIOLOGY	0	1,579	1,579	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	304	0	0	0	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00 09100 EMERGENCY	2,593	2,584	2,584	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00						118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00 19300 NONPAID WORKERS	0	501	501	0	0	193.00
193.10 19301 HEALTH PROPERTIES	0	0	0	0	0	193.10
193.40 19303 LEIGHTON CENTER	0	0	0	0	0	193.40
193.50 19305 WELLNESS CENTER	0	0	0	0	0	193.50
193.80 19308 UNUSED SPACE	0	0	0	0	0	193.80
193.90 19309 OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91 19310 RESEARCH AND PROTOCOL	0	0	0	0	0	193.91
193.92 19311 CCOP	0	0	0	0	0	193.92
193.93 19312 RESEARCH ADMIN	0	0	0	0	0	193.93

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,964,502	325,926	6,822,556	348,224	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	260.086728	8.096736	169.487653	3,482.240000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	165,978	6,567	580,905	118,796	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.888801	0.163139	14.430988	1,187.960000	0.000000 205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/21/2014 9:19 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		65,897,963	0	65,897,963
32.00	03200 CORONARY CARE UNIT		10,079,184	0	10,079,184
32.10	03210 NEONATAL INTENSIVE CARE UNIT		10,636,917	4,334	10,641,251
40.00	04000 SUBPROVIDER - I PF		4,141,295	0	4,141,295
41.00	04100 SUBPROVIDER - I RF		3,616,831	0	3,616,831
43.00	04300 NURSERY		1,736,732	0	1,736,732
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		29,586,836	42,048	29,628,884
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,395,286	0	9,395,286
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,119,322	51,322	19,170,644
57.00	05700 CT SCAN		2,100,290	0	2,100,290
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		398,425	0	398,425
59.00	05900 CARDIAC CATHETERIZATION		11,911,956	0	11,911,956
60.00	06000 LABORATORY		17,117,507	433,182	17,550,689
60.01	06001 BLOOD LABORATORY		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	4,636,512	0	4,636,512
66.00	06600 PHYSICAL THERAPY	0	5,101,263	28,944	5,130,207
66.01	06602 PHYSICAL THERAPY EAST BANK	0	1,384,318	0	1,384,318
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	499,281	0	499,281
67.00	06700 OCCUPATIONAL THERAPY	0	1,908,319	0	1,908,319
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	277,404	0	277,404
68.00	06800 SPEECH PATHOLOGY	0	1,129,823	0	1,129,823
68.10	06801 SPEECH THERAPY LIVING CENTER	0	251,058	0	251,058
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		22,827,269	0	22,827,269
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		28,901,669	0	28,901,669
73.00	07300 DRUGS CHARGED TO PATIENTS		26,719,319	15,101	26,734,420
76.00	03020 RADIOLOGY		1,799,778	0	1,799,778
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.10	09001 FAMILY PRACTICE CLINIC		0	0	0
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC		1,733,050	0	1,733,050
90.50	09004 SLEEP DISORDERS CLINIC		1,122,208	7,725	1,129,933
91.00	09100 EMERGENCY		18,929,465	358,363	19,287,828
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,937,993	0	2,937,993
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	305,897,273	941,019	306,838,292
201.00	Less Observation Beds		2,937,993		2,937,993
202.00	Total (see instructions)	0	302,959,280	941,019	303,900,299

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/21/2014 9:19 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	128,729,207		128,729,207			30.00	
32.00 03200	CORONARY CARE UNIT	24,082,660		24,082,660			32.00	
32.10 03210	NEONATAL INTENSIVE CARE UNIT	25,138,060		25,138,060			32.10	
40.00 04000	SUBPROVIDER - I/PF	4,632,378		4,632,378			40.00	
41.00 04100	SUBPROVIDER - I/RF	8,782,945		8,782,945			41.00	
43.00 04300	NURSERY	4,125,619		4,125,619			43.00	
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	44,541,450	47,008,338	91,549,788	0.323178	0.000000	50.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	17,969,893	1,634,379	19,604,272	0.479247	0.000000	52.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,466,235	65,254,129	93,720,364	0.204004	0.000000	54.00	
57.00 05700	CT SCAN	15,753,849	33,452,814	49,206,663	0.042683	0.000000	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	811,581	44,833	856,414	0.465225	0.000000	58.00	
59.00 05900	CARDIAC CATHETERIZATION	13,640,918	19,418,724	33,059,642	0.360317	0.000000	59.00	
60.00 06000	LABORATORY	60,384,095	27,191,169	87,575,264	0.195461	0.000000	60.00	
60.01 06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
65.00 06500	RESPIRATORY THERAPY	30,519,811	2,109,248	32,629,059	0.142098	0.000000	65.00	
66.00 06600	PHYSICAL THERAPY	6,737,635	4,037,362	10,774,997	0.473435	0.000000	66.00	
66.01 06602	PHYSICAL THERAPY EAST BANK	4,142	4,207,539	4,211,681	0.328685	0.000000	66.01	
66.10 06601	PHYSICAL THERAPY LIVING CENTER	2,714	1,142,057	1,144,771	0.436141	0.000000	66.10	
67.00 06700	OCCUPATIONAL THERAPY	3,867,702	1,434,494	5,302,196	0.359911	0.000000	67.00	
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	679	642,941	643,620	0.431006	0.000000	67.10	
68.00 06800	SPEECH PATHOLOGY	1,695,666	1,689,828	3,385,494	0.333725	0.000000	68.00	
68.10 06801	SPEECH THERAPY LIVING CENTER	1,017	716,193	717,210	0.350048	0.000000	68.10	
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,602,380	30,292,793	106,895,173	0.213548	0.000000	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	88,081,101	38,301,502	126,382,603	0.228684	0.000000	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	87,071,126	31,543,397	118,614,523	0.225262	0.000000	73.00	
76.00 03020	CARDIOLOGY	5,312,478	4,341,875	9,654,353	0.186421	0.000000	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.10	
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	38,214	1,110,097	1,148,311	1.509217	0.000000	90.30	
90.50 09004	SLEEP DISORDERS CLINIC	5,459	3,685,180	3,690,639	0.304069	0.000000	90.50	
91.00 09100	EMERGENCY	13,237,290	29,201,982	42,439,272	0.446037	0.000000	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,745,515	7,274,351	9,019,866	0.325725	0.000000	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00 11300	INTEREST EXPENSE						113.00	
200.00	Subtotal (see instructions)	691,981,819	355,735,225	1,047,717,044			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	691,981,819	355,735,225	1,047,717,044			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
32.00	03200	CORONARY CARE UNIT		32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		32.10
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.323637	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.479247	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204552	54.00
57.00	05700	CT SCAN	0.042683	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.465225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360317	59.00
60.00	06000	LABORATORY	0.200407	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.142098	65.00
66.00	06600	PHYSICAL THERAPY	0.476121	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.328685	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.436141	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.359911	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.431006	67.10
68.00	06800	SPEECH PATHOLOGY	0.333725	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.350048	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225389	73.00
76.00	03020	CARDIOLOGY	0.186421	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.509217	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.306162	90.50
91.00	09100	EMERGENCY	0.454481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/21/2014 9:19 am
			Title XIX	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		65,897,963	0	65,897,963
32.00	03200 CORONARY CARE UNIT		10,079,184	0	10,079,184
32.10	03210 NEONATAL INTENSIVE CARE UNIT		10,636,917	4,334	10,641,251
40.00	04000 SUBPROVIDER - I PF		4,141,295	0	4,141,295
41.00	04100 SUBPROVIDER - I RF		3,616,831	0	3,616,831
43.00	04300 NURSERY		1,736,732	0	1,736,732
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		29,586,836	42,048	29,628,884
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,395,286	0	9,395,286
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,119,322	51,322	19,170,644
57.00	05700 CT SCAN		2,100,290	0	2,100,290
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		398,425	0	398,425
59.00	05900 CARDIAC CATHETERIZATION		11,911,956	0	11,911,956
60.00	06000 LABORATORY		17,117,507	433,182	17,550,689
60.01	06001 BLOOD LABORATORY		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	4,636,512	0	4,636,512
66.00	06600 PHYSICAL THERAPY	0	5,101,263	28,944	5,130,207
66.01	06602 PHYSICAL THERAPY EAST BANK	0	1,384,318	0	1,384,318
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	499,281	0	499,281
67.00	06700 OCCUPATIONAL THERAPY	0	1,908,319	0	1,908,319
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	277,404	0	277,404
68.00	06800 SPEECH PATHOLOGY	0	1,129,823	0	1,129,823
68.10	06801 SPEECH THERAPY LIVING CENTER	0	251,058	0	251,058
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		22,827,269	0	22,827,269
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		28,901,669	0	28,901,669
73.00	07300 DRUGS CHARGED TO PATIENTS		26,719,319	15,101	26,734,420
76.00	03020 RADIOLOGY		1,799,778	0	1,799,778
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.10	09001 FAMILY PRACTICE CLINIC		0	0	0
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC		1,733,050	0	1,733,050
90.50	09004 SLEEP DISORDERS CLINIC		1,122,208	7,725	1,129,933
91.00	09100 EMERGENCY		18,929,465	358,363	19,287,828
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,937,993	0	2,937,993
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	305,897,273	941,019	306,838,292
201.00	Less Observation Beds		2,937,993		2,937,993
202.00	Total (see instructions)	0	302,959,280	941,019	303,900,299

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/21/2014 9:19 am	
			Title XIX		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,729,207		128,729,207			30.00
32.00	03200	CORONARY CARE UNIT	24,082,660		24,082,660			32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	25,138,060		25,138,060			32.10
40.00	04000	SUBPROVIDER - I/PF	4,632,378		4,632,378			40.00
41.00	04100	SUBPROVIDER - I/RF	8,782,945		8,782,945			41.00
43.00	04300	NURSERY	4,125,619		4,125,619			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,541,450	47,008,338	91,549,788	0.323178	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,969,893	1,634,379	19,604,272	0.479247	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,466,235	65,254,129	93,720,364	0.204004	0.000000	54.00
57.00	05700	CT SCAN	15,753,849	33,452,814	49,206,663	0.042683	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	811,581	44,833	856,414	0.465225	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,640,918	19,418,724	33,059,642	0.360317	0.000000	59.00
60.00	06000	LABORATORY	60,384,095	27,191,169	87,575,264	0.195461	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	30,519,811	2,109,248	32,629,059	0.142098	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,737,635	4,037,362	10,774,997	0.473435	0.000000	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	4,142	4,207,539	4,211,681	0.328685	0.000000	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	2,714	1,142,057	1,144,771	0.436141	0.000000	66.10
67.00	06700	OCCUPATIONAL THERAPY	3,867,702	1,434,494	5,302,196	0.359911	0.000000	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	679	642,941	643,620	0.431006	0.000000	67.10
68.00	06800	SPEECH PATHOLOGY	1,695,666	1,689,828	3,385,494	0.333725	0.000000	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,017	716,193	717,210	0.350048	0.000000	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,602,380	30,292,793	106,895,173	0.213548	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,081,101	38,301,502	126,382,603	0.228684	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,071,126	31,543,397	118,614,523	0.225262	0.000000	73.00
76.00	03020	CARDIOLOGY	5,312,478	4,341,875	9,654,353	0.186421	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	38,214	1,110,097	1,148,311	1.509217	0.000000	90.30
90.50	09004	SLEEP DISORDERS CLINIC	5,459	3,685,180	3,690,639	0.304069	0.000000	90.50
91.00	09100	EMERGENCY	13,237,290	29,201,982	42,439,272	0.446037	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,745,515	7,274,351	9,019,866	0.325725	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	691,981,819	355,735,225	1,047,717,044			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	691,981,819	355,735,225	1,047,717,044			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/21/2014 9:19 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
32.00	03200	CORONARY CARE UNIT		32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		32.10
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.323637	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.479247	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204552	54.00
57.00	05700	CT SCAN	0.042683	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.465225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360317	59.00
60.00	06000	LABORATORY	0.200407	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.142098	65.00
66.00	06600	PHYSICAL THERAPY	0.476121	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.328685	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.436141	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.359911	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.431006	67.10
68.00	06800	SPEECH PATHOLOGY	0.333725	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.350048	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225389	73.00
76.00	03020	CARDIOLOGY	0.186421	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.509217	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.306162	90.50
91.00	09100	EMERGENCY	0.454481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 150058

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

Worksheet C Part II Date/Time Prepared: 5/21/2014 9:19 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,586,836	3,502,425	26,084,411	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,395,286	1,271,412	8,123,874	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,119,322	2,215,609	16,903,713	0	0	54.00
57.00	05700	CT SCAN	2,100,290	123,945	1,976,345	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	398,425	5,132	393,293	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,911,956	672,713	11,239,243	0	0	59.00
60.00	06000	LABORATORY	17,117,507	590,410	16,527,097	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,636,512	344,166	4,292,346	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,101,263	462,895	4,638,368	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	1,384,318	20,243	1,364,075	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	499,281	7,215	492,066	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	1,908,319	95,999	1,812,320	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	277,404	4,064	273,340	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	1,129,823	30,196	1,099,627	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	251,058	3,615	247,443	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,827,269	1,277,300	21,549,969	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,901,669	370,975	28,530,694	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,719,319	672,310	26,047,009	0	0	73.00
76.00	03020	CARDIOLOGY	1,799,778	39,730	1,760,048	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1,733,050	319,083	1,413,967	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	1,122,208	15,888	1,106,320	0	0	90.50
91.00	09100	EMERGENCY	18,929,465	1,228,267	17,701,198	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,937,993	350,144	2,587,849	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	209,788,351	13,623,736	196,164,615	0	0	200.00
201.00		Less Observation Beds	2,937,993	350,144	2,587,849	0	0	201.00
202.00		Total (line 200 minus line 201)	206,850,358	13,273,592	193,576,766	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part II Date/Time Prepared: 5/21/2014 9:19 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	29,586,836	91,549,788	0.323178	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,395,286	19,604,272	0.479247	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,119,322	93,720,364	0.204004	54.00
57.00	05700 CT SCAN	2,100,290	49,206,663	0.042683	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	398,425	856,414	0.465225	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,911,956	33,059,642	0.360317	59.00
60.00	06000 LABORATORY	17,117,507	87,575,264	0.195461	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	4,636,512	32,629,059	0.142098	65.00
66.00	06600 PHYSICAL THERAPY	5,101,263	10,774,997	0.473435	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	1,384,318	4,211,681	0.328685	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	499,281	1,144,771	0.436141	66.10
67.00	06700 OCCUPATIONAL THERAPY	1,908,319	5,302,196	0.359911	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	277,404	643,620	0.431006	67.10
68.00	06800 SPEECH PATHOLOGY	1,129,823	3,385,494	0.333725	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	251,058	717,210	0.350048	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,827,269	106,895,173	0.213548	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,901,669	126,382,603	0.228684	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,719,319	118,614,523	0.225262	73.00
76.00	03020 CARDIOLOGY	1,799,778	9,654,353	0.186421	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	1,733,050	1,148,311	1.509217	90.30
90.50	09004 SLEEP DISORDERS CLINIC	1,122,208	3,690,639	0.304069	90.50
91.00	09100 EMERGENCY	18,929,465	42,439,272	0.446037	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,937,993	9,019,866	0.325725	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	209,788,351	852,226,175		200.00
201.00	Less Observation Beds	2,937,993	0		201.00
202.00	Total (line 200 minus line 201)	206,850,358	852,226,175		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,853,574	0	7,853,574	76,597	102.53	30.00
32.00	CORONARY CARE UNIT	760,066		760,066	6,890	110.31	32.00
32.10	NEONATAL INTENSIVE CARE UNIT	445,030		445,030	9,838	45.24	32.10
40.00	SUBPROVIDER - IPF	666,807	0	666,807	5,114	130.39	40.00
41.00	SUBPROVIDER - IRF	467,315	0	467,315	4,214	110.90	41.00
43.00	NURSERY	182,242		182,242	5,317	34.28	43.00
200.00	Total (Lines 30-199)	10,375,034		10,375,034	107,970		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	25,812	2,646,504				30.00
32.00	CORONARY CARE UNIT	1,841	203,081				32.00
32.10	NEONATAL INTENSIVE CARE UNIT	0	0				32.10
40.00	SUBPROVIDER - IPF	3,149	410,598				40.00
41.00	SUBPROVIDER - IRF	1,745	193,521				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	32,547	3,453,704				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/21/2014 9:19 am
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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	3,502,425	91,549,788	0.038257	18,931,742	724,272	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,271,412	19,604,272	0.064854	118,129	7,661	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,215,609	93,720,364	0.023641	11,462,114	270,976	54.00
57.00	05700	CT SCAN	123,945	49,206,663	0.002519	5,253,579	13,234	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,132	856,414	0.005992	452,130	2,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	672,713	33,059,642	0.020348	4,555,931	92,704	59.00
60.00	06000	LABORATORY	590,410	87,575,264	0.006742	20,377,474	137,385	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	344,166	32,629,059	0.010548	7,802,609	82,302	65.00
66.00	06600	PHYSICAL THERAPY	462,895	10,774,997	0.042960	2,207,906	94,852	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	20,243	4,211,681	0.004806	671	3	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	7,215	1,144,771	0.006303	1,536	10	66.10
67.00	06700	OCCUPATIONAL THERAPY	95,999	5,302,196	0.018106	1,007,729	18,246	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	4,064	643,620	0.006314	512	3	67.10
68.00	06800	SPEECH PATHOLOGY	30,196	3,385,494	0.008919	297,124	2,650	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	3,615	717,210	0.005040	161	1	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,300	106,895,173	0.011949	24,031,974	287,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,975	126,382,603	0.002935	33,724,751	98,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,310	118,614,523	0.005668	28,478,040	161,414	73.00
76.00	03020	CARDIOLOGY	39,730	9,654,353	0.004115	2,417,467	9,948	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	319,083	1,148,311	0.277872	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	15,888	3,690,639	0.004305	2,109	9	90.50
91.00	09100	EMERGENCY	1,228,267	42,439,272	0.028942	6,428,428	186,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	350,144	9,019,866	0.038819	747,115	29,002	92.00
200.00		Total (lines 50-199)	13,623,736	852,226,175		168,299,231	2,219,573	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/21/2014 9:19 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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.10
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
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	76,597	0.00	25,812	0	30.00
32.00	03200	CORONARY CARE UNIT	6,890	0.00	1,841	0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	9,838	0.00	0	0	32.10
40.00	04000	SUBPROVIDER - I PF	5,114	0.00	3,149	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,214	0.00	1,745	0	41.00
43.00	04300	NURSERY	5,317	0.00	0	0	43.00
200.00		Total (lines 30-199)	107,970		32,547	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
32.00	03200	CORONARY CARE UNIT	0	0			32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	0			32.10
40.00	04000	SUBPROVIDER - I PF	0	0			40.00
41.00	04100	SUBPROVIDER - I RF	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: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	348,224	0	0	348,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	348,224	0	0	348,224	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	91,549,788	0.000000	0.000000	18,931,742	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	19,604,272	0.000000	0.000000	118,129	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	93,720,364	0.000000	0.000000	11,462,114	54.00
57.00	05700 CT SCAN	0	49,206,663	0.000000	0.000000	5,253,579	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	856,414	0.000000	0.000000	452,130	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,059,642	0.000000	0.000000	4,555,931	59.00
60.00	06000 LABORATORY	0	87,575,264	0.000000	0.000000	20,377,474	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	32,629,059	0.000000	0.000000	7,802,609	65.00
66.00	06600 PHYSICAL THERAPY	0	10,774,997	0.000000	0.000000	2,207,906	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	4,211,681	0.000000	0.000000	671	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	1,144,771	0.000000	0.000000	1,536	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	5,302,196	0.000000	0.000000	1,007,729	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	643,620	0.000000	0.000000	512	67.10
68.00	06800 SPEECH PATHOLOGY	0	3,385,494	0.000000	0.000000	297,124	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	717,210	0.000000	0.000000	161	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,173	0.000000	0.000000	24,031,974	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	126,382,603	0.000000	0.000000	33,724,751	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	118,614,523	0.000000	0.000000	28,478,040	73.00
76.00	03020 RADIOLOGY	0	9,654,353	0.000000	0.000000	2,417,467	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,148,311	0.000000	0.000000	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	3,690,639	0.000000	0.000000	2,109	90.50
91.00	09100 EMERGENCY	348,224	42,439,272	0.008205	0.008205	6,428,428	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0.000000	747,115	92.00
200.00	Total (lines 50-199)	348,224	852,226,175			168,299,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
	11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	10,968,914	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	7,551	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	17,884,095	0	0	0	54.00
57.00 05700 CT SCAN	0	7,040,080	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	16,708	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,374,238	0	0	0	59.00
60.00 06000 LABORATORY	0	5,569,133	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	487,912	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	1,047,174	0	0	0	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	704,634	0	0	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	349,790	0	0	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	61,125	0	0	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	155,980	0	0	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	73,035	0	0	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	183,618	0	0	0	68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,338,040	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,780,288	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,757,795	0	0	0	73.00
76.00 03020 CARDIOLOGY	0	999,858	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	659,277	0	0	0	90.50
91.00 09100 EMERGENCY	52,745	5,842,428	0	47,937	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,050,944	0	0	0	92.00
200.00 Total (lines 50-199)	52,745	84,352,617	0	47,937	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	PPS
		21.00	22.00	23.00	24.00	
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020 CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100 EMERGENCY	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)
	1.00	2.00	2.01	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.323178	10,968,914	0	26,938	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.479247	7,551	0	10	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.204004	17,884,095	0	27,868	0
57.00 05700 CT SCAN	0.042683	7,040,080	0	9,589	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.465225	16,708	0	23	0
59.00 05900 CARDIAC CATHETERIZATION	0.360317	4,374,238	0	17,376	0
60.00 06000 LABORATORY	0.195461	5,569,133	0	7,641	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.142098	487,912	0	700	0
66.00 06600 PHYSICAL THERAPY	0.473435	1,047,174	0	1,247	0
66.01 06602 PHYSICAL THERAPY EAST BANK	0.328685	704,634	0	1,277	0
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0.436141	349,790	0	476	0
67.00 06700 OCCUPATIONAL THERAPY	0.359911	61,125	0	83	0
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0.431006	155,980	0	212	0
68.00 06800 SPEECH PATHOLOGY	0.333725	73,035	0	99	0
68.10 06801 SPEECH THERAPY LIVING CENTER	0.350048	183,618	0	250	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	7,338,040	0	25	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.228684	12,780,288	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.225262	6,757,795	0	9,205	0
76.00 03020 RADIOLOGY	0.186421	999,858	0	1,364	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.10 09001 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	1.509217	0	0	0	0
90.50 09004 SLEEP DISORDERS CLINIC	0.304069	659,277	0	898	0
91.00 09100 EMERGENCY	0.446037	5,842,428	0	8,017	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	1,050,944	0	1,599	0
200.00 Subtotal (see instructions)		84,352,617	0	114,897	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0
202.00 Net Charges (line 200 +/- line 201)		84,352,617	0	114,897	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/21/2014 9:19 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				5.00	5.01	6.00	7.00
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,544,912	0	8,706	0				50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,619	0	5	0				52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,648,427	0	5,685	0				54.00
57.00 05700 CT SCAN	300,492	0	409	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	7,773	0	11	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	1,576,112	0	6,261	0				59.00
60.00 06000 LABORATORY	1,088,548	0	1,494	0				60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0				60.01
65.00 06500 RESPIRATORY THERAPY	69,331	0	99	0				65.00
66.00 06600 PHYSICAL THERAPY	495,769	0	590	0				66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	231,603	0	420	0				66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	152,558	0	208	0				66.10
67.00 06700 OCCUPATIONAL THERAPY	22,000	0	30	0				67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	67,228	0	91	0				67.10
68.00 06800 SPEECH PATHOLOGY	24,374	0	33	0				68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	64,275	0	88	0				68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,567,024	0	5	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,922,647	0	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,522,274	0	2,074	0				73.00
76.00 03020 RADIOLOGY	186,395	0	254	0				76.00
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0				90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	0				90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0				90.30
90.50 09004 SLEEP DISORDERS CLINIC	200,466	0	273	0				90.50
91.00 09100 EMERGENCY	2,605,939	0	3,576	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	342,319	0	521	0				92.00
200.00 Subtotal (see instructions)	20,644,085	0	30,833	0				200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0					201.00
202.00 Net Charges (line 200 +/- line 201)	20,644,085	0	30,833	0				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150058 Component CCN: 15S058		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/21/2014 9:19 am	
			Title XVIIII		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	3,502,425	91,549,788	0.038257	127,403	4,874	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,271,412	19,604,272	0.064854	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,215,609	93,720,364	0.023641	42,482	1,004	54.00
57.00	05700	CT SCAN	123,945	49,206,663	0.002519	26,206	66	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,132	856,414	0.005992	3,426	21	58.00
59.00	05900	CARDIAC CATHETERIZATION	672,713	33,059,642	0.020348	0	0	59.00
60.00	06000	LABORATORY	590,410	87,575,264	0.006742	454,348	3,063	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	344,166	32,629,059	0.010548	18,330	193	65.00
66.00	06600	PHYSICAL THERAPY	462,895	10,774,997	0.042960	192,711	8,279	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	20,243	4,211,681	0.004806	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	7,215	1,144,771	0.006303	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	95,999	5,302,196	0.018106	15,068	273	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	4,064	643,620	0.006314	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	30,196	3,385,494	0.008919	2,375	21	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	3,615	717,210	0.005040	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,300	106,895,173	0.011949	8,587	103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,975	126,382,603	0.002935	895	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,310	118,614,523	0.005668	1,307,543	7,411	73.00
76.00	03020	CARDIOLOGY	39,730	9,654,353	0.004115	2,876	12	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	319,083	1,148,311	0.277872	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	15,888	3,690,639	0.004305	0	0	90.50
91.00	09100	EMERGENCY	1,228,267	42,439,272	0.028942	36,084	1,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0	0	92.00
200.00		Total (lines 50-199)	13,273,592	852,226,175		2,238,334	26,367	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	348,224	0	348,224
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	348,224	0	348,224

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	91,549,788	0.000000	0.000000	127,403	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	19,604,272	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	93,720,364	0.000000	0.000000	42,482	54.00
57.00	05700 CT SCAN	0	49,206,663	0.000000	0.000000	26,206	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	856,414	0.000000	0.000000	3,426	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,059,642	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	87,575,264	0.000000	0.000000	454,348	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	32,629,059	0.000000	0.000000	18,330	65.00
66.00	06600 PHYSICAL THERAPY	0	10,774,997	0.000000	0.000000	192,711	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	4,211,681	0.000000	0.000000	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	1,144,771	0.000000	0.000000	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	5,302,196	0.000000	0.000000	15,068	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	643,620	0.000000	0.000000	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	3,385,494	0.000000	0.000000	2,375	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	717,210	0.000000	0.000000	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,173	0.000000	0.000000	8,587	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	126,382,603	0.000000	0.000000	895	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	118,614,523	0.000000	0.000000	1,307,543	73.00
76.00	03020 CARDIOLOGY	0	9,654,353	0.000000	0.000000	2,876	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,148,311	0.000000	0.000000	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	3,690,639	0.000000	0.000000	0	90.50
91.00	09100 EMERGENCY	348,224	42,439,272	0.008205	0.008205	36,084	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	348,224	852,226,175			2,238,334	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Component CCN: 15S058	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
	11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
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
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00 09100 EMERGENCY	296	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)	296	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Component CCN: 15S058	Title XVIII	Subprovider - IPF PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/21/2014 9:19 am
		Component CCN: 15T058	Title XVII I	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	3,502,425	91,549,788	0.038257	10,808	413
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,271,412	19,604,272	0.064854	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,215,609	93,720,364	0.023641	49,725	1,176
57.00	05700	CT SCAN	123,945	49,206,663	0.002519	34,824	88
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,132	856,414	0.005992	15,545	93
59.00	05900	CARDIAC CATHETERIZATION	672,713	33,059,642	0.020348	0	0
60.00	06000	LABORATORY	590,410	87,575,264	0.006742	271,127	1,828
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	344,166	32,629,059	0.010548	59,600	629
66.00	06600	PHYSICAL THERAPY	462,895	10,774,997	0.042960	691,697	29,715
66.01	06602	PHYSICAL THERAPY EAST BANK	20,243	4,211,681	0.004806	0	0
66.10	06601	PHYSICAL THERAPY LIVING CENTER	7,215	1,144,771	0.006303	0	0
67.00	06700	OCCUPATIONAL THERAPY	95,999	5,302,196	0.018106	674,106	12,205
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	4,064	643,620	0.006314	0	0
68.00	06800	SPEECH PATHOLOGY	30,196	3,385,494	0.008919	360,924	3,219
68.10	06801	SPEECH THERAPY LIVING CENTER	3,615	717,210	0.005040	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,300	106,895,173	0.011949	82,230	983
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,975	126,382,603	0.002935	7,031	21
73.00	07300	DRUGS CHARGED TO PATIENTS	672,310	118,614,523	0.005668	771,085	4,371
76.00	03020	CARDIOLOGY	39,730	9,654,353	0.004115	9,402	39
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	319,083	1,148,311	0.277872	0	0
90.50	09004	SLEEP DISORDERS CLINIC	15,888	3,690,639	0.004305	0	0
91.00	09100	EMERGENCY	1,228,267	42,439,272	0.028942	141	4
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0	0
200.00		Total (lines 50-199)	13,273,592	852,226,175		3,038,245	54,784

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 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	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	348,224	0	348,224
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	348,224	0	348,224

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 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	91,549,788	0.000000	0.000000	10,808	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	19,604,272	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	93,720,364	0.000000	0.000000	49,725	54.00
57.00	05700 CT SCAN	0	49,206,663	0.000000	0.000000	34,824	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	856,414	0.000000	0.000000	15,545	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,059,642	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	87,575,264	0.000000	0.000000	271,127	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	32,629,059	0.000000	0.000000	59,600	65.00
66.00	06600 PHYSICAL THERAPY	0	10,774,997	0.000000	0.000000	691,697	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	4,211,681	0.000000	0.000000	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	1,144,771	0.000000	0.000000	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	5,302,196	0.000000	0.000000	674,106	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	643,620	0.000000	0.000000	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	3,385,494	0.000000	0.000000	360,924	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	717,210	0.000000	0.000000	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,173	0.000000	0.000000	82,230	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	126,382,603	0.000000	0.000000	7,031	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	118,614,523	0.000000	0.000000	771,085	73.00
76.00	03020 CARDIOLOGY	0	9,654,353	0.000000	0.000000	9,402	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,148,311	0.000000	0.000000	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	3,690,639	0.000000	0.000000	0	90.50
91.00	09100 EMERGENCY	348,224	42,439,272	0.008205	0.008205	141	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	348,224	852,226,175			3,038,245	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
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
76.00	03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100 EMERGENCY	1	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)	1	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/21/2014 9:19 am
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Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,853,574	0	7,853,574	76,597	102.53	30.00	
32.00	CORONARY CARE UNIT	760,066		760,066	6,890	110.31	32.00	
32.10	NEONATAL INTENSIVE CARE UNIT	445,030		445,030	9,838	45.24	32.10	
40.00	SUBPROVIDER - IPF	666,807	0	666,807	5,114	130.39	40.00	
41.00	SUBPROVIDER - IRF	467,315	0	467,315	4,214	110.90	41.00	
43.00	NURSERY	182,242		182,242	5,317	34.28	43.00	
200.00	Total (Lines 30-199)	10,375,034		10,375,034	107,970		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	12,003	1,230,668				30.00	
32.00	CORONARY CARE UNIT	0	0				32.00	
32.10	NEONATAL INTENSIVE CARE UNIT	0	0				32.10	
40.00	SUBPROVIDER - IPF	92	11,996				40.00	
41.00	SUBPROVIDER - IRF	595	65,986				41.00	
43.00	NURSERY	0	0				43.00	
200.00	Total (Lines 30-199)	12,690	1,308,650				200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/21/2014 9:19 am
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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)	Hospital 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	3,502,425	91,549,788	0.038257	9,747,729	372,919	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,271,412	19,604,272	0.064854	11,507,416	746,302	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,215,609	93,720,364	0.023641	5,610,645	132,641	54.00
57.00	05700	CT SCAN	123,945	49,206,663	0.002519	2,428,022	6,116	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,132	856,414	0.005992	173,164	1,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	672,713	33,059,642	0.020348	1,556,487	31,671	59.00
60.00	06000	LABORATORY	590,410	87,575,264	0.006742	12,861,835	86,714	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	344,166	32,629,059	0.010548	10,364,051	109,320	65.00
66.00	06600	PHYSICAL THERAPY	462,895	10,774,997	0.042960	811,452	34,860	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	20,243	4,211,681	0.004806	2,727	13	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	7,215	1,144,771	0.006303	760	5	66.10
67.00	06700	OCCUPATIONAL THERAPY	95,999	5,302,196	0.018106	311,463	5,639	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	4,064	643,620	0.006314	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	30,196	3,385,494	0.008919	149,644	1,335	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	3,615	717,210	0.005040	677	3	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,300	106,895,173	0.011949	191,819	2,292	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,975	126,382,603	0.002935	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,310	118,614,523	0.005668	17,074,022	96,776	73.00
76.00	03020	CARDIOLOGY	39,730	9,654,353	0.004115	734,548	3,023	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	319,083	1,148,311	0.277872	36,474	10,135	90.30
90.50	09004	SLEEP DISORDERS CLINIC	15,888	3,690,639	0.004305	0	0	90.50
91.00	09100	EMERGENCY	1,228,267	42,439,272	0.028942	2,927,890	84,739	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	350,144	9,019,866	0.038819	0	0	92.00
200.00		Total (lines 50-199)	13,623,736	852,226,175		76,490,825	1,725,541	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/21/2014 9:19 am
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Cost Center Description			Title XIX				Hospital		PPS	
			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	0	0	30.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	32.10	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	0	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	76,597	0.00	12,003	0	0	0	30.00	
32.00	03200	CORONARY CARE UNIT	6,890	0.00	0	0	0	0	32.00	
32.10	03210	NEONATAL INTENSIVE CARE UNIT	9,838	0.00	0	0	0	0	32.10	
40.00	04000	SUBPROVIDER - I PF	5,114	0.00	92	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I RF	4,214	0.00	595	0	0	0	41.00	
43.00	04300	NURSERY	5,317	0.00	0	0	0	0	43.00	
200.00		Total (lines 30-199)	107,970		12,690	0	0	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	
32.00	03200	CORONARY CARE UNIT	0	0					32.00	
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	0					32.10	
40.00	04000	SUBPROVIDER - I PF	0	0					40.00	
41.00	04100	SUBPROVIDER - I RF	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: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		Title XIX			Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	348,224	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	348,224	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	91,549,788	0.000000	0.000000	9,747,729	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,604,272	0.000000	0.000000	11,507,416	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	93,720,364	0.000000	0.000000	5,610,645	54.00
57.00	05700	CT SCAN	0	49,206,663	0.000000	0.000000	2,428,022	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	856,414	0.000000	0.000000	173,164	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,059,642	0.000000	0.000000	1,556,487	59.00
60.00	06000	LABORATORY	0	87,575,264	0.000000	0.000000	12,861,835	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	32,629,059	0.000000	0.000000	10,364,051	65.00
66.00	06600	PHYSICAL THERAPY	0	10,774,997	0.000000	0.000000	811,452	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	4,211,681	0.000000	0.000000	2,727	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	1,144,771	0.000000	0.000000	760	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	5,302,196	0.000000	0.000000	311,463	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	643,620	0.000000	0.000000	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	3,385,494	0.000000	0.000000	149,644	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	717,210	0.000000	0.000000	677	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,173	0.000000	0.000000	191,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	126,382,603	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	118,614,523	0.000000	0.000000	17,074,022	73.00
76.00	03020	CARDIOLOGY	0	9,654,353	0.000000	0.000000	734,548	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	1,148,311	0.000000	0.000000	36,474	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,690,639	0.000000	0.000000	0	90.50
91.00	09100	EMERGENCY	348,224	42,439,272	0.008205	0.008205	2,927,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	348,224	852,226,175			76,490,825	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
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Cost Center Description	Title XIX			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
	11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
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
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00 09100 EMERGENCY	24,023	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)	24,023	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		Title XIX				Hospital		PPS
		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost			
		21.00	22.00	23.00	24.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0		66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0		66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0		67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0		68.10
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	0	0		73.00
76.00	03020	CARDIOLOGY	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0		90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0		90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0		90.50
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
200.00		Total (Lines 50-199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058 Component CCN: 15S058		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/21/2014 9:19 am	
		Title XIX		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	3,502,425	91,549,788	0.038257	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,271,412	19,604,272	0.064854	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,215,609	93,720,364	0.023641	613	14 54.00
57.00	05700	CT SCAN	123,945	49,206,663	0.002519	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,132	856,414	0.005992	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	672,713	33,059,642	0.020348	0	0 59.00
60.00	06000	LABORATORY	590,410	87,575,264	0.006742	6,146	41 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	344,166	32,629,059	0.010548	0	0 65.00
66.00	06600	PHYSICAL THERAPY	462,895	10,774,997	0.042960	3,328	143 66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	20,243	4,211,681	0.004806	0	0 66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	7,215	1,144,771	0.006303	0	0 66.10
67.00	06700	OCCUPATIONAL THERAPY	95,999	5,302,196	0.018106	0	0 67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	4,064	643,620	0.006314	0	0 67.10
68.00	06800	SPEECH PATHOLOGY	30,196	3,385,494	0.008919	0	0 68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	3,615	717,210	0.005040	0	0 68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,300	106,895,173	0.011949	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,975	126,382,603	0.002935	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,310	118,614,523	0.005668	53,196	302 73.00
76.00	03020	CARDIOLOGY	39,730	9,654,353	0.004115	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0 90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	319,083	1,148,311	0.277872	0	0 90.30
90.50	09004	SLEEP DISORDERS CLINIC	15,888	3,690,639	0.004305	0	0 90.50
91.00	09100	EMERGENCY	1,228,267	42,439,272	0.028942	2,036	59 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0	0 92.00
200.00		Total (lines 50-199)	13,273,592	852,226,175		65,319	559 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	348,224	0	348,224
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	348,224	0	348,224

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	91,549,788	0.000000	0.000000	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	19,604,272	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	93,720,364	0.000000	0.000000	613	54.00
57.00 05700 CT SCAN	0	49,206,663	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	856,414	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	33,059,642	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	87,575,264	0.000000	0.000000	6,146	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	32,629,059	0.000000	0.000000	0	65.00
66.00 06600 PHYSICAL THERAPY	0	10,774,997	0.000000	0.000000	3,328	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	4,211,681	0.000000	0.000000	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	1,144,771	0.000000	0.000000	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	5,302,196	0.000000	0.000000	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	643,620	0.000000	0.000000	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	3,385,494	0.000000	0.000000	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	717,210	0.000000	0.000000	0	68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,173	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	126,382,603	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	118,614,523	0.000000	0.000000	53,196	73.00
76.00 03020 RADIOLOGY	0	9,654,353	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,148,311	0.000000	0.000000	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	3,690,639	0.000000	0.000000	0	90.50
91.00 09100 EMERGENCY	348,224	42,439,272	0.008205	0.008205	2,036	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	348,224	852,226,175			65,319	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
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
76.00	03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100 EMERGENCY	17	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)	17	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/21/2014 9:19 am
		Component CCN: 15T058	Title XIX	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	3,502,425	91,549,788	0.038257	34,531	1,321	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,271,412	19,604,272	0.064854	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,215,609	93,720,364	0.023641	11,197	265	54.00
57.00	05700 CT SCAN	123,945	49,206,663	0.002519	18,992	48	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,132	856,414	0.005992	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	672,713	33,059,642	0.020348	0	0	59.00
60.00	06000 LABORATORY	590,410	87,575,264	0.006742	89,263	602	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	344,166	32,629,059	0.010548	2,868	30	65.00
66.00	06600 PHYSICAL THERAPY	462,895	10,774,997	0.042960	283,338	12,172	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	20,243	4,211,681	0.004806	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	7,215	1,144,771	0.006303	10	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	95,999	5,302,196	0.018106	251,582	4,555	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	4,064	643,620	0.006314	10	0	67.10
68.00	06800 SPEECH PATHOLOGY	30,196	3,385,494	0.008919	206,606	1,843	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	3,615	717,210	0.005040	25	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,300	106,895,173	0.011949	69,743	833	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	370,975	126,382,603	0.002935	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	672,310	118,614,523	0.005668	225,603	1,279	73.00
76.00	03020 CARDIOLOGY	39,730	9,654,353	0.004115	1,345	6	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	319,083	1,148,311	0.277872	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	15,888	3,690,639	0.004305	0	0	90.50
91.00	09100 EMERGENCY	1,228,267	42,439,272	0.028942	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0	0	92.00
200.00	Total (lines 50-199)	13,273,592	852,226,175		1,195,113	22,954	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Title XIX	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	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	348,224	0	348,224
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	348,224	0	348,224

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Title XIX	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	91,549,788	0.000000	0.000000	34,531	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	19,604,272	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	93,720,364	0.000000	0.000000	11,197	54.00
57.00	05700 CT SCAN	0	49,206,663	0.000000	0.000000	18,992	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	856,414	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,059,642	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	87,575,264	0.000000	0.000000	89,263	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	32,629,059	0.000000	0.000000	2,868	65.00
66.00	06600 PHYSICAL THERAPY	0	10,774,997	0.000000	0.000000	283,338	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	4,211,681	0.000000	0.000000	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	1,144,771	0.000000	0.000000	10	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	5,302,196	0.000000	0.000000	251,582	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	643,620	0.000000	0.000000	10	67.10
68.00	06800 SPEECH PATHOLOGY	0	3,385,494	0.000000	0.000000	206,606	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	717,210	0.000000	0.000000	25	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,173	0.000000	0.000000	69,743	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	126,382,603	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	118,614,523	0.000000	0.000000	225,603	73.00
76.00	03020 CARDIOLOGY	0	9,654,353	0.000000	0.000000	1,345	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,148,311	0.000000	0.000000	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	3,690,639	0.000000	0.000000	0	90.50
91.00	09100 EMERGENCY	348,224	42,439,272	0.008205	0.008205	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,019,866	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	348,224	852,226,175			1,195,113	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
			11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
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
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
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: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2014 9:19 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
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	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2014 9:19 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)		76,597	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		76,597	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.		50,244	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,938	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)		25,812	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)		65,897,963	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)		65,897,963	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		134,528,683	28.00
29.00	Private room charges (excluding swing-bed charges)		103,375,660	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		31,153,023	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.489843	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,057.47	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,358.14	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		699.33	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		342.56	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		17,211,585	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,686,378	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)		860.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,206,580	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)		22,206,580	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/21/2014 9:19 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)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT	10,079,184	6,890	1,462.87	1,841	2,693,144		44.00
44.10 NEONATAL INTENSIVE CARE UNIT	10,641,251	9,838	1,081.65	0	0		44.10
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					40,190,348		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					65,090,072		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,849,585		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,272,318		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,121,903		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					59,968,169		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)					3,415		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					860.32		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,937,993		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2014 9:19 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	7,853,574	65,897,963	0.119178	2,937,993	350,144	90.00
91.00	Nursing School cost	0	65,897,963	0.000000	2,937,993	0	91.00
92.00	Allied health cost	0	65,897,963	0.000000	2,937,993	0	92.00
93.00	All other Medical Education	0	65,897,963	0.000000	2,937,993	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15S058		Date/Time Prepared: 5/21/2014 9:19 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)		5,114	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,114	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,114	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)		3,149	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,141,295	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,141,295	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,141,295	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)		809.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,550,060	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)		2,550,060	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S058				Date/Time Prepared: 5/21/2014 9:19 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						43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.10	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.10
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					557,945	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,108,005	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)					410,598	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					26,663	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					437,261	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,670,744	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: 150058 Component CCN: 15S058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2014 9:19 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	666,807	4,141,295	0.161014	0	0	90.00
91.00	Nursing School cost	0	4,141,295	0.000000	0	0	91.00
92.00	Allied health cost	0	4,141,295	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,141,295	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T058		Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,214	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,214	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.		2,385	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,829	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,745	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)		3,616,831	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)		3,616,831	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		9,016,071	28.00
29.00	Private room charges (excluding swing-bed charges)		5,236,301	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,779,770	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.401154	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,195.51	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,066.58	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		128.93	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		51.72	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		123,352	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,493,479	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)		858.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,497,716	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,497,716	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T058				Date/Time Prepared: 5/21/2014 9:19 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.10 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	44.10
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					972,369		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,470,085		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)					193,521		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					54,785		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					248,306		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,221,779		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: 150058 Component CCN: 15T058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2014 9:19 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	467,315	3,616,831	0.129206	0	0	90.00
91.00	Nursing School cost	0	3,616,831	0.000000	0	0	91.00
92.00	Allied health cost	0	3,616,831	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,616,831	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/21/2014 9:19 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)		76,597	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		76,597	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)		73,182	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)		12,003	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)		5,317	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)		65,897,963	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)		65,897,963	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		65,897,963	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)		860.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,326,421	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)		10,326,421	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/21/2014 9:19 am	
Cost Center Description			Title XIX	Hospital	PPS	
	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)	1,736,732	5,317	326.64	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT	10,079,184	6,890	1,462.87	0	44.00
44.10	NEONATAL INTENSIVE CARE UNIT	10,641,251	9,838	1,081.65	0	44.10
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				20,574,391	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				30,900,812	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)				1,230,668	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,749,564	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,980,232	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				27,920,580	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)				3,415	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				860.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,937,993	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2014 9:19 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,853,574	65,897,963	0.119178	2,937,993	350,144	90.00
91.00	Nursing School cost	0	65,897,963	0.000000	2,937,993	0	91.00
92.00	Allied health cost	0	65,897,963	0.000000	2,937,993	0	92.00
93.00	All other Medical Education	0	65,897,963	0.000000	2,937,993	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/21/2014 9:19 am
		Title XIX	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)			5,114 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,114 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,114 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)			92 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)			5,317 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,141,295 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,141,295 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 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)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,141,295 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)			809.80 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			74,502 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)			74,502 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
					Component CCN: 15S058		Date/Time Prepared: 5/21/2014 9:19 am
					Title XIX	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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.10 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	44.10
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,857		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					90,359		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)						11,996	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						576	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						12,572	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						77,787	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: 150058 Component CCN: 15S058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2014 9:19 am	
		Title XIX		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	666,807	4,141,295	0.161014	0	0	90.00
91.00	Nursing School cost	0	4,141,295	0.000000	0	0	91.00
92.00	Allied health cost	0	4,141,295	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,141,295	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T058		Date/Time Prepared: 5/21/2014 9:19 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,214	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,214	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,214	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)		595	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)		5,317	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)		3,616,831	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)		3,616,831	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		3,616,831	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)		858.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		510,683	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)		510,683	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
					Component CCN: 15T058		Date/Time Prepared: 5/21/2014 9:19 am
					Title XIX	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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.10 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	44.10
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						392,983	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						903,666	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)						65,986	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						22,954	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						88,940	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						814,726	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: 150058 Component CCN: 15T058		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2014 9:19 am	
		Title XIX		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	467,315	3,616,831	0.129206	0	0	90.00
91.00	Nursing School cost	0	3,616,831	0.000000	0	0	91.00
92.00	Allied health cost	0	3,616,831	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,616,831	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/21/2014 9:19 am
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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		53,567,510		30.00
32.00	03200 CORONARY CARE UNIT		7,126,818		32.00
32.10	03210 NEONATAL INTENSIVE CARE UNIT		0		32.10
40.00	04000 SUBPROVIDER - I PF		61,307		40.00
41.00	04100 SUBPROVIDER - I RF		85,850		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.323637	18,931,742	6,127,012	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.479247	118,129	56,613	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204552	11,462,114	2,344,598	54.00
57.00	05700 CT SCAN	0.042683	5,253,579	224,239	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.465225	452,130	210,342	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.360317	4,555,931	1,641,579	59.00
60.00	06000 LABORATORY	0.200407	20,377,474	4,083,788	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.142098	7,802,609	1,108,735	65.00
66.00	06600 PHYSICAL THERAPY	0.476121	2,207,906	1,051,230	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0.328685	671	221	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0.436141	1,536	670	66.10
67.00	06700 OCCUPATIONAL THERAPY	0.359911	1,007,729	362,693	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0.431006	512	221	67.10
68.00	06800 SPEECH PATHOLOGY	0.333725	297,124	99,158	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0.350048	161	56	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	24,031,974	5,131,980	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.228684	33,724,751	7,712,311	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225389	28,478,040	6,418,637	73.00
76.00	03020 RADIOLOGY	0.186421	2,417,467	450,667	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0.000000	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	1.509217	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0.306162	2,109	646	90.50
91.00	09100 EMERGENCY	0.454481	6,428,428	2,921,598	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	747,115	243,354	92.00
200.00	Total (sum of lines 50-94 and 96-98)		168,299,231	40,190,348	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)		168,299,231		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S058		Date/Time Prepared: 5/21/2014 9:19 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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - IPF		2,891,569	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.323637	127,403	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.479247	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204552	42,482	54.00
57.00	05700	CT SCAN	0.042683	26,206	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.465225	3,426	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360317	0	59.00
60.00	06000	LABORATORY	0.200407	454,348	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.142098	18,330	65.00
66.00	06600	PHYSICAL THERAPY	0.476121	192,711	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.328685	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.436141	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.359911	15,068	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.431006	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.333725	2,375	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.350048	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	8,587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228684	895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225389	1,307,543	73.00
76.00	03020	CARDIOLOGY	0.186421	2,876	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.509217	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.306162	0	90.50
91.00	09100	EMERGENCY	0.454481	36,084	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,238,334	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,238,334	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T058		Date/Time Prepared: 5/21/2014 9:19 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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,734,530	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.323637	10,808	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.479247	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204552	49,725	54.00
57.00	05700	CT SCAN	0.042683	34,824	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.465225	15,545	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360317	0	59.00
60.00	06000	LABORATORY	0.200407	271,127	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.142098	59,600	65.00
66.00	06600	PHYSICAL THERAPY	0.476121	691,697	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.328685	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.436141	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.359911	674,106	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.431006	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.333725	360,924	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.350048	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	82,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228684	7,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225389	771,085	73.00
76.00	03020	CARDIOLOGY	0.186421	9,402	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.509217	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.306162	0	90.50
91.00	09100	EMERGENCY	0.454481	141	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,038,245	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,038,245	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/21/2014 9:19 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		25,442,511	30.00
32.00	03200	CORONARY CARE UNIT		7,170,893	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		17,064,385	32.10
40.00	04000	SUBPROVIDER - I PF		888	40.00
41.00	04100	SUBPROVIDER - I RF		62,274	41.00
43.00	04300	NURSERY		2,246,892	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.323637	9,747,729	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.479247	11,507,416	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204552	5,610,645	54.00
57.00	05700	CT SCAN	0.042683	2,428,022	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.465225	173,164	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360317	1,556,487	59.00
60.00	06000	LABORATORY	0.200407	12,861,835	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.142098	10,364,051	65.00
66.00	06600	PHYSICAL THERAPY	0.476121	811,452	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.328685	2,727	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.436141	760	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.359911	311,463	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.431006	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.333725	149,644	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.350048	677	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	191,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225389	17,074,022	73.00
76.00	03020	CARDIOLOGY	0.186421	734,548	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.509217	36,474	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.306162	0	90.50
91.00	09100	EMERGENCY	0.454481	2,927,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		76,490,825	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)		76,490,825	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S058		Date/Time Prepared: 5/21/2014 9:19 am	
		Title XIX	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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - IPF		87,095	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	0.323637	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.479247	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204552	613	54.00
57.00	05700	CT SCAN	0.042683	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.465225	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360317	0	59.00
60.00	06000	LABORATORY	0.200407	6,146	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.142098	0	65.00
66.00	06600	PHYSICAL THERAPY	0.476121	3,328	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.328685	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.436141	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.359911	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.431006	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.333725	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.350048	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225389	53,196	73.00
76.00	03020	CARDIOLOGY	0.186421	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.509217	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.306162	0	90.50
91.00	09100	EMERGENCY	0.454481	2,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		65,319	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)		65,319	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T058		Date/Time Prepared: 5/21/2014 9:19 am	
		Title XIX	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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,528,081	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.323637	34,531	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.479247	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204552	11,197	54.00
57.00	05700	CT SCAN	0.042683	18,992	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.465225	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.360317	0	59.00
60.00	06000	LABORATORY	0.200407	89,263	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.142098	2,868	65.00
66.00	06600	PHYSICAL THERAPY	0.476121	283,338	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.328685	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.436141	10	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.359911	251,582	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.431006	10	67.10
68.00	06800	SPEECH PATHOLOGY	0.333725	206,606	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.350048	25	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213548	69,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.228684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225389	225,603	73.00
76.00	03020	CARDIOLOGY	0.186421	1,345	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.509217	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.306162	0	90.50
91.00	09100	EMERGENCY	0.454481	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325725	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,195,113	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,195,113	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS
		0		1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments			45,474,519 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)			0 1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)			0 1.03
2.00	Outlier payments for discharges. (see instructions)			1,963,848 2.00
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
3.00	Managed Care Simulated Payments			12,712,289 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			423.67 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			16.76 5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			3.00 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)			19.76 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			24.24 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)			19.76 12.00
13.00	Total allowable FTE count for the prior year.			18.27 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.			16.76 14.00
15.00	Sum of lines 12 through 14 divided by 3.			18.26 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			18.26 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.043100 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.041521 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.041521 21.00
22.00	IME payment adjustment (see instructions)			1,305,014 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)			4.48 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 factor. (see instructions)			0.000000 27.00
28.00	IME add-on adjustment amount (see instructions)			0 28.00
29.00	Total IME payment (sum of lines 22 and 28)			1,305,014 29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.58 30.00
31.00	Percentage of Medicaid patient days (see instructions)			33.50 31.00
32.00	Sum of lines 30 and 31			38.08 32.00
33.00	Allowable disproportionate share percentage (see instructions)			20.63 33.00
34.00	Disproportionate share adjustment (see instructions)			9,381,393 34.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			
35.01	Factor 3 (see instructions)			
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS
		0	1.00	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)			36.00
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)		58,124,774	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)		58,124,774	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,225,045	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).		832,879	52.00
53.00	Nursing and Allied Health Managed Care payment		154,186	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		52,745	58.00
59.00	Total (sum of amounts on lines 49 through 58)		63,389,629	59.00
60.00	Primary payer payments		31,960	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		63,357,669	61.00
62.00	Deductibles billed to program beneficiaries		4,871,956	62.00
63.00	Coinurance billed to program beneficiaries		261,401	63.00
64.00	Allowable bad debts (see instructions)		380,877	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		266,614	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		243,827	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		58,490,926	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
70.92	Bundled Model 1 discount amount		0	70.92
70.93	HVBP incentive payment (see instructions)		-3,614	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 adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	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)		58,487,312	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
72.00	Interim payments		57,841,637	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		645,675	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		544,000	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 DSH PAYMENT PERCENTAGE		Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/21/2014 9:19 am	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.58	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	33.50	0.00			33.50	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	38.08	0.00			33.50	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	423.67	0.00			423.67	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	20.63	0.00			16.85	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.58	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.90	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	12,552	0			12,552	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	8,121	0			8,121	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	2,743	0			2,743	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	9,193	0			9,193	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	32,609	0			32,609	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	95,227	0			95,227	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	926	0			926	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	1,177	0			1,177	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	97,330	0			97,330	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	33.50	0.00			33.50	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150058		Period: From 01/01/2012 To 12/31/2012		Worksheet DSH Date/Time Prepared: 5/21/2014 9:19 am	
		Title XVII I		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	20.63		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		20.63		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		20.63		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet DSH Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS

		Revised	
		Percentage	
		6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	16.85	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	16.85	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	16.85	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,833	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,596,148	2.00
3.00	PPS payments		18,328,330	3.00
4.00	Outlier payment (see instructions)		205,657	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		47,937	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,833	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		114,897	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)		114,897	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		114,897	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		84,064	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)		30,833	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)		18,581,924	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)		3,753,975	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)		14,858,782	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		243,718	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)		15,102,500	30.00
31.00	Primary payer payments		5,266	31.00
32.00	Subtotal (line 30 minus line 31)		15,097,234	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)		480,667	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		336,467	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		402,407	36.00
37.00	Subtotal (see instructions)		15,433,701	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-598	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		15,434,299	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		15,242,995	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		191,304	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/21/2014 9:19 am
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150058

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 9:19 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		55,417,739		15,417,225	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	07/11/2013	2,423,898		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	07/11/2013	174,230	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,423,898		-174,230	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		57,841,637		15,242,995	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		645,675		191,304	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		58,487,312		15,434,299	7.00	
				Contractor Number	NPR 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: 150058
Component CCN: 15S058

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,416,108			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/11/2013	49			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)		49			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)		2,416,157			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		40,835			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		2,456,992			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150058
Component CCN: 15T058

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 9:19 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,287,519			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/11/2013	82,109			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)		82,109			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)		2,369,628			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		567,453			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		2,937,081			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/21/2014 9:19 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		19,995	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		27,653	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		6,793	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		89,910	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		1,047,717,044	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		24,178,139	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)		2,262,680	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		2,262,680	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		2,835,479	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-572,799	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part I Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			0 1.00
2.00	Organ acquisition			0 2.00
3.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			0 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5).			0 6.00
7.00	Deductibles			0 7.00
8.00	Subtotal (line 6 minus line 7)			0 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			0 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			0 14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.99	Recovery of Accelerated Depreciation			0 17.99
18.00	Total amount payable to the provider (see instructions)			0 18.00
18.01	Sequestration adjustment (see instructions)			0 18.01
19.00	Interim payments			0 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program line 18 minus lines 18.01, 19 and 20			0 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/21/2014 9:19 am
		Component CCN: 15S058	Title XVIII	Subprovider - IPF PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,660,127	1.00
2.00	Net IPF PPS Outlier Payments		1,538	2.00
3.00	Net IPF PPS ECT Payments		15,779	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 excluding FTEs in the new program growth period 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 new program growth period 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)		13.972678	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching 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)		2,677,444	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			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)		2,677,444	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,677,444	18.00
19.00	Deductibles		191,848	19.00
20.00	Subtotal (line 18 minus line 19)		2,485,596	20.00
21.00	Coinsurance		28,900	21.00
22.00	Subtotal (line 20 minus line 21)		2,456,696	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,456,696	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)		296	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)		2,456,992	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
32.00	Interim payments		2,416,157	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		40,835	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		1,538	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: 150058 Component CCN: 15T058	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/21/2014 9:19 am
		Title VIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,398,604 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0090 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			214,675 3.00
4.00	Outlier Payments			349,522 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 excluding FTEs in the new program growth period 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 new program growth period 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)			11.513661 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,962,801 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,962,801 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,962,801 19.00
20.00	Deductibles			17,340 20.00
21.00	Subtotal (line 19 minus line 20)			2,945,461 21.00
22.00	Coinsurance			8,381 22.00
23.00	Subtotal (line 21 minus line 22)			2,937,080 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)			2,937,080 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)			1 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,937,081 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
33.00	Interim payments			2,369,628 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			567,453 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			349,522 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/21/2014 9:19 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.			24.76	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 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			1.51	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 lines 4.01 and 4.02 plus applicable subscripts)			26.27	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			24.24	6.00
7.00	Enter the lesser of line 5 or line 6			24.24	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.	24.24	0.00	24.24	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.	24.24	0.00	24.24	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	24.24	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	23.50	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.01	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	23.92	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	23.92	0.00		17.00
18.00	Per resident amount	115,558.91	109,424.13		18.00
19.00	Approved amount for resident costs	2,764,169	0	2,764,169	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,764,169	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,547	7,109		26.00
27.00	Total Inpatient Days (see instructions)	99,238	99,238		27.00
28.00	Ratio of inpatient days to total inpatient days	0.327969	0.071636		28.00
29.00	Program direct GME amount	906,562	198,014		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		27,979		30.00
31.00	Net Program direct GME amount			1,076,597	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		70,668,162	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)		31,960	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		70,636,202	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,674,918	42.00
43.00	Primary payer payments (see instructions)		5,266	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,669,652	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		91,305,854	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.773622	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.226378	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,076,597	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		832,879	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		243,718	50.00

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

Provider CCN: 150058

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

Worksheet G

Date/Time Prepared:
5/21/2014 9:19 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	36,774,000	0	0	0	1.00
2.00	Temporary investments	5,942,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	91,742,000	0	0	0	4.00
5.00	Other receivable	16,688,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,024,000	0	0	0	6.00
7.00	Inventory	13,320,000	0	0	0	7.00
8.00	Prepaid expenses	1,214,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	5,139,000	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	149,656,000	5,139,000	0	0	11.00
FIXED ASSETS						
12.00	Land	20,935,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	343,480,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	228,354,000	0	0	0	23.00
24.00	Accumulated depreciation	-305,963,000	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)	286,806,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	328,328,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	25,453,000	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	353,781,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	790,243,000	5,139,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	42,595,000	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)	4,470,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,667,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	48,732,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	167,330,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	167,330,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	216,062,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	574,181,000	0	0	0	52.00
53.00	Specific purpose fund	0	5,139,000	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)	574,181,000	5,139,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	790,243,000	5,139,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150058

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

Worksheet G-1

Date/Time Prepared:
5/21/2014 9:19 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		442,868,000		4,483,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		172,671,401			2.00
3.00	Total (sum of line 1 and line 2)		615,539,401		4,483,000	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NET ASSETS RELEASED FROM RESTRICTION	302,000		0		5.00
6.00	TRANSFERRED TO MEM HLTH SYS	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)		302,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		615,841,401		4,483,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERRED TO MEMORIAL HEALTH SYSTE	41,660,000		0		13.00
14.00	CHANGE INTEREST IN RECIPIENT ORG	0		-656,000		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)		41,660,000		-656,000	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		574,181,401		5,139,000	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	NET ASSETS RELEASED FROM RESTRICTION		0			5.00
6.00	TRANSFERRED TO MEM HLTH SYS		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	TRANSFERRED TO MEMORIAL HEALTH SYSTE		0			13.00
14.00	CHANGE INTEREST IN RECIPIENT ORG		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: 150058

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2014 9:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	173,759,000		173,759,000	1.00
2.00	SUBPROVIDER - IPF	4,643,427		4,643,427	2.00
3.00	SUBPROVIDER - IRF	9,142,007		9,142,007	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)	187,544,434		187,544,434	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	28,102,000		28,102,000	12.00
12.10	NEONATAL INTENSIVE CARE UNIT	26,457,000		26,457,000	12.10
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	54,559,000		54,559,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	242,103,434		242,103,434	17.00
18.00	Ancillary services	492,046,000	0	492,046,000	18.00
19.00	Outpatient services	0	360,681,000	360,681,000	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.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	734,149,434	360,681,000	1,094,830,434	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		374,079,214		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)		374,079,214		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150058

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

Worksheet G-3

Date/Time Prepared:
5/21/2014 9:19 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,094,830,434	1.00
2.00	Less contractual allowances and discounts on patients' accounts	605,674,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	489,156,434	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	374,079,214	4.00
5.00	Net income from service to patients (line 3 minus line 4)	115,077,220	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	7,196,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	89,000	10.00
11.00	Rebates and refunds of expenses	810,000	11.00
12.00	Parking lot receipts	185,000	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	860,000	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	1,434,000	23.00
24.00	OTHER (SPECIFY)	47,020,181	24.00
25.00	Total other income (sum of lines 6-24)	57,594,181	25.00
26.00	Total (line 5 plus line 25)	172,671,401	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)	172,671,401	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150058	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/21/2014 9:19 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,643,115	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		213,611	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		248.87	3.00
4.00	Number of interns & residents (see instructions)		18.26	4.00
5.00	Indirect medical education percentage (see instructions)		2.09	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		76,141	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.50	8.00
9.00	Sum of lines 7 and 8		38.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.02	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		292,178	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,225,045	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