

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: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet S Parts I-III Date/Time Prepared: 3/22/2012 9:56 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input 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: 3/22/2012	Time: 9:56 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 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 SILVER CROSS HOSPITAL for the cost reporting period beginning 10/01/2010 and ending 09/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	80,443	21,054	0	0
2.00 Subprovider - IPF	0	68,069	0	0	0
3.00 Subprovider - IRF	0	21,430	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	169,942	21,054	0	0

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

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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 3/22/2012 Time: 9:56 pm

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended

6. Date Received: 7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information
 ECR: Date: 3/22/2012 Time: 9:56 pm
 RGVCTTaRFc040F2w2Wc2bI0Kic1pNO
 gV5WR0g6J9pq8040ZHBtXzJ63g104h
 MsA41Xp0P80NI tyP
 PI: Date: 3/22/2012 Time: 9:56 pm
 wxp6PzliR1jgyDzwdyZlcvqZgJZZe1
 mBeFv0rnBKcl3ycQmm3XuZojnJ4SdE
 RM9scBsPme05o74G

(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	80,443	21,054	0	0 1.00
2.00	Subprovider - IPF	0	68,069	0	0	0 2.00
3.00	Subprovider - IRF	0	21,430	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	169,942	21,054	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 3/22/2012 10:05 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1200 MAPLE STREET		PO Box:						1.00			
2.00	City: JOLIET		State: IL		Zip Code: 60432-		County: WILL		2.00			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		SILVER CROSS HOSPITAL		140213	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF		SCH - MENTAL HEALTH CARE UNIT		14S213	16974	4	04/01/1991	N	P	N	4.00
5.00	Subprovider - IRF		SCH - REHAB		14T213	16974	5	10/01/2000	N	P	N	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N		N	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		SCH HOME HEALTH		147452	16974		04/01/1994	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC								N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC								N	N	N	16.00
17.00	Hospital-Based (CMHC) 1											17.00
17.10	Hospital-Based (CORF) 1								N	N	N	17.10
18.00	Renal Dialysis		SCH RENAL CT - MORRIS		143526	16974		05/05/2000				18.00
18.01			SCH RENAL - WEST		143516	16974		10/08/1991				18.01
18.02			SCH - RDF		142324	16974		01/01/2004				18.02
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2010		09/30/2011		20.00	
21.00	Type of Control (see instructions)								1		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						1		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	6,825	2,820	0	0	0	0		24.00			
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	61	22	0	0	0	0		25.00			
							1.00					
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 (1) for urban or (2) for rural.								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
		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 the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 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 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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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	
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations 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 subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	76.00
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N	80.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part I Date/Time Prepared: 3/22/2012 10:05 pm		
			1.00			
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)(i)? Enter "Y" for yes and "N" for no.		N		86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
			1.00	2.00		
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.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			0	0 119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? 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? Enter in column 2 "Y" for yes or "N" for no.		N		N 120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part I Date/Time Prepared: 3/22/2012 10:05 pm		
		1.00	2.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name:	Contractor's Name:	Contractor's Number:			141.00
142.00	Street:	PO Box:				142.00
143.00	City:	State:	Zip Code:			143.00
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y		
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N		
				1.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00
		Part A		Part B		
		1.00		2.00		
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			155.00
156.00	Subprovider - IPF	N	N			156.00
157.00	Subprovider - IRF	N	N			157.00
158.00	SUBPROVIDER	N	N			158.00
159.00	SNF	N	N			159.00
160.00	HOME HEALTH AGENCY	N	N			160.00
161.00	CMHC		N			161.00
161.10	CORF		N			161.10
				1.00		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
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.			N		
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)			0.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 3/22/2012 10:06 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			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.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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		02/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
3/22/2012 10:06 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	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.				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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
3/22/2012 10:06 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	02/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	249	90,885	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		249	90,885	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		267	97,455	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300			16.00
17.00 SUBPROVIDER - IRF	41.00	17	6,205			17.00
18.00 SUBPROVIDER	42.00	0	0			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	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		304				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
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: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	26,127	4,608	47,482		1.00
2.00 HMO		0	2,820			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	22			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	26,127	4,608	47,482		7.00
8.00 INTENSIVE CARE UNIT	0	2,285	116	4,163		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		2,101	4,433		13.00
14.00 Total (see instructions)	0	28,412	6,825	56,078		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,242	833	3,669		16.00
17.00 SUBPROVIDER - IRF	0	3,447	61	4,460		17.00
18.00 SUBPROVIDER	0	0	0	0		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	0	17,240	0	21,536		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		880	5,546		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	6,547	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,323.16	0.00	0	6,547	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	16.57	0.00	0	225	16.00
17.00 SUBPROVIDER - IRF	0.00	27.26	0.00	0	333	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	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	0.00	20.47	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,387.46	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
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: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,274	15,584		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,274	15,584		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	155	670		16.00
17.00 SUBPROVIDER - IRF	5	430		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
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: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet S-3 Part II Date/Time Prepared: 3/22/2012 10:05 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	83,108,874	0	83,108,874	2,885,915.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,786,700	-260,035	4,526,665	148,762.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		765,654	0	765,654	12,850.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		191,083	0	191,083	1,549.00	13.00
14.00	Home office salaries & wage-related costs		6,276,402	0	6,276,402	20,280.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		26,837,433	0	26,837,433		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,439,684	0	1,439,684		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		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	461,021	0	461,021	13,132.00	26.00
27.00	Administrative & General	5.00	10,895,622	-231,869	10,663,753	374,922.00	27.00
28.00	Administrative & General under contract (see inst.)		111,452	0	111,452	2,104.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,272,678	0	2,272,678	94,763.00	30.00
31.00	Laundry & Linen Service	8.00	79,018	0	79,018	5,712.00	31.00
32.00	Housekeeping	9.00	1,761,465	0	1,761,465	125,551.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,367,024	-676,234	690,790	47,218.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	676,234	676,234	46,223.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,264,554	0	1,264,554	33,171.00	38.00
39.00	Central Services and Supply	14.00	956,385	-526,815	429,570	26,679.00	39.00
40.00	Pharmacy	15.00	2,186,130	0	2,186,130	55,289.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,749,408	0	1,749,408	81,974.00	41.00
42.00	Social Service	17.00	0	231,869	231,869	7,660.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part II Date/Time Prepared: 3/22/2012 10:05 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	28.80	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	30.43	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	59.58	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	123.36	13.00
14.00	Home office salaries & wage-related costs	309.49	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	35.11	26.00
27.00	Administrative & General	28.44	27.00
28.00	Administrative & General under contract (see inst.)	52.97	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	23.98	30.00
31.00	Laundry & Linen Service	13.83	31.00
32.00	Housekeeping	14.03	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.63	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.63	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	38.12	38.00
39.00	Central Services and Supply	16.10	39.00
40.00	Pharmacy	39.54	40.00
41.00	Medical Records & Medical Records Library	21.34	41.00
42.00	Social Service	30.27	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/22/2012 10:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	83,220,326	0	83,220,326	2,888,019.00	1.00
2.00	Excluded area salaries (see instructions)	4,786,700	-260,035	4,526,665	148,762.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,433,626	260,035	78,693,661	2,739,257.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,233,139	0	7,233,139	34,679.00	4.00
5.00	Subtotal wage-related costs (see inst.)	26,837,433	0	26,837,433	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	112,504,198	260,035	112,764,233	2,773,936.00	6.00
7.00	Total overhead cost (see instructions)	23,104,757	-526,815	22,577,942	914,398.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/22/2012 10:05 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	28.82	1.00
2.00	Excluded area salaries (see instructions)	30.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28.73	3.00
4.00	Subtotal other wages & related costs (see inst.)	208.57	4.00
5.00	Subtotal wage-related costs (see inst.)	34.10	5.00
6.00	Total (sum of lines 3 thru 5)	40.65	6.00
7.00	Total overhead cost (see instructions)	24.69	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 3/22/2012 10:05 pm
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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	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,696,993	3.00
4.00	Prior Year Pension Service Cost	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)	14,966,605	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	571,754	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	86,222	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)	472,453	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,177,628	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	6,073,250	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	115,000	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	117,212	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	28,277,117	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part V
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140213 Component CCN: 147452		Period: From 10/01/2010 To 09/30/2011		Worksheet S-4 Date/Time Prepared: 3/22/2012 10:05 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			WILL		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,520	21	22	3,563	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	924.00	54.00	324.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		6.57	0.00	6.57	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			12.03	0.00	12.03	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	1.47	1.47	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.06	0.00	0.06	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.76	0.00	1.76	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,559	63	145	591	9,358	21.00
22.00	Skilled Nursing Visit Charges	1,768,068	13,013	29,950	117,733	1,928,764	22.00
23.00	Physical Therapy Visits	5,425	6	27	394	5,852	23.00
24.00	Physical Therapy Visit Charges	1,051,288	1,163	5,231	72,850	1,130,532	24.00
25.00	Occupational Therapy Visits	1,926	0	5	127	2,058	25.00
26.00	Occupational Therapy Visit Charges	373,550	0	969	22,476	396,995	26.00
27.00	Speech Pathology Visits	159	0	0	17	176	27.00
28.00	Speech Pathology Visit Charges	32,888	0	0	3,494	36,382	28.00
29.00	Medical Social Service Visits	258	3	1	19	281	29.00
30.00	Medical Social Service Visit Charges	73,001	849	283	5,376	79,509	30.00
31.00	Home Health Aide Visits	2,555	17	10	186	2,768	31.00
32.00	Home Health Aide Visit Charges	322,697	2,147	1,263	21,218	347,325	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	18,882	89	188	1,334	20,493	33.00
34.00	Other Charges	18,301	226	256	1,315	20,098	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,639,793	17,398	37,952	244,462	3,939,605	35.00
36.00	Total Number of Episodes (standard/non outlier)	833		63	69	965	36.00
37.00	Total Number of Outlier Episodes		2		5	7	37.00
38.00	Total Non-Routine Medical Supply Charges	20,905	377	870	560	22,712	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-5

Date/Time Prepared:
3/22/2012 10:05 pm

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	0	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	312	0				5.00
6.00	Number of stations	52	0	0	0		6.00
7.00	Treatment capacity per day per station	8	0				7.00
8.00	Utilization (see instructions)	0.00	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list	0					11.00
12.00	Number of patients transplanted during the cost reporting period	0					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	2,294,623					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	178,713					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	64,382					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
						MCP	INITIAL METHOD
						1.00	2.00
PHYSICIAN PAYMENT METHOD							
21.00	enter "X" if method(s) is applicable				X		21.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-5

Date/Time Prepared:
3/22/2012 10:05 pm

		Home		
		Hemodialysis	CAPD / CCPD	
		5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	0	1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	2.00
3.00	Average patient dialysis time including setup			3.00
4.00	CAPD exchanges per day		0.00	4.00
5.00	Number of days in year dialysis furnished			5.00
6.00	Number of stations			6.00
7.00	Treatment capacity per day per station			7.00
8.00	Utilization (see instructions)			8.00
9.00	Average times dialyzers re-used			9.00
10.00	Percentage of patients re-using dialyzers			10.00
TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list			11.00
12.00	Number of patients transplanted during the cost reporting period			12.00
EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet S-10 Date/Time Prepared: 3/22/2012 10:06 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.263630		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		17,152,000		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?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		8,080,000		5.00
6.00	Medicaid charges		98,468,000		6.00
7.00	Medicaid cost (line 1 times line 6)		25,959,119		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)		727,119		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		727,119		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	27,698,000	0	27,698,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,302,024	0	7,302,024	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,302,024	0	7,302,024	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)		13,822,000		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,124,926		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		12,697,074		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,347,330		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,649,354		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,376,473		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet A Date/Time Prepared: 3/22/2012 10:05 pm
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 NEW CAP REL COSTS-BLDG & FIXT		22,266,445	22,266,445	-9,447,875	12,818,570	1.00	
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,433,640	7,433,640	2.00	
4.00 EMPLOYEE BENEFITS	461,021	28,702,355	29,163,376	0	29,163,376	4.00	
5.00 ADMINISTRATIVE & GENERAL	10,895,622	32,987,151	43,882,773	-109,349	43,773,424	5.00	
7.00 OPERATION OF PLANT	2,272,678	5,854,699	8,127,377	0	8,127,377	7.00	
8.00 LAUNDRY & LINEN SERVICE	79,018	263,462	342,480	0	342,480	8.00	
9.00 HOUSEKEEPING	1,761,465	973,653	2,735,118	0	2,735,118	9.00	
10.00 DIETARY	1,367,024	1,311,633	2,678,657	-1,325,067	1,353,590	10.00	
11.00 CAFETERIA	0	0	0	1,325,067	1,325,067	11.00	
13.00 NURSING ADMINISTRATION	1,264,554	17,161	1,281,715	0	1,281,715	13.00	
14.00 CENTRAL SERVICES & SUPPLY	956,385	819,887	1,776,272	-1,200,822	575,450	14.00	
15.00 PHARMACY	2,186,130	10,310,973	12,497,103	-8,730,864	3,766,239	15.00	
16.00 MEDICAL RECORDS & LIBRARY	1,749,408	191,434	1,940,842	0	1,940,842	16.00	
17.00 SOCIAL SERVICE	0	0	0	231,869	231,869	17.00	
23.00 PARAMED ED PRGM	287,095	283,293	570,388	-2,127	568,261	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	14,917,115	1,977,129	16,894,244	2,432,350	19,326,594	30.00	
31.00 INTENSIVE CARE UNIT	3,282,882	485,619	3,768,501	-171,686	3,596,815	31.00	
40.00 SUBPROVIDER - IPF	1,206,099	36,390	1,242,489	-192,748	1,049,741	40.00	
41.00 SUBPROVIDER - IRF	1,785,764	480,125	2,265,889	99,036	2,364,925	41.00	
42.00 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 NURSERY	4,314,799	279,440	4,594,239	-3,588,275	1,005,964	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	5,282,437	17,453,767	22,736,204	-14,025,385	8,710,819	50.00	
51.00 RECOVERY ROOM	1,003,985	69,419	1,073,404	-5,779	1,067,625	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	401,907	401,907	1,641,212	2,043,119	52.00	
53.00 ANESTHESIOLOGY	231,112	651,499	882,611	-317,883	564,728	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	5,744,450	8,122,457	13,866,907	-5,104,035	8,762,872	54.00	
54.01 ULTRASOUND	925,496	180,458	1,105,954	-8,356	1,097,598	54.01	
57.00 CT SCAN	887,830	775,961	1,663,791	-18,498	1,645,293	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	495,094	580,643	1,075,737	-21	1,075,716	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 LABORATORY	3,215,975	3,384,522	6,600,497	85,980	6,686,477	60.00	
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 BLOOD STORING, PROCESSING & TRANS.	139,669	1,431,781	1,571,450	0	1,571,450	63.00	
65.00 RESPIRATORY THERAPY	1,075,503	285,485	1,360,988	21,071	1,382,059	65.00	
66.00 PHYSICAL THERAPY	2,137,846	687,537	2,825,383	-8,948	2,816,435	66.00	
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	859,091	327,365	1,186,456	260,561	1,447,017	69.00	
70.00 ELECTROENCEPHALOGRAPHY	106,701	14,399	121,100	4,288	125,388	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,396,034	8,396,034	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,123,964	13,123,964	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	8,704,559	8,704,559	73.00	
74.00 RENAL DIALYSIS	3,528,308	3,943,007	7,471,315	29,119	7,500,434	74.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 CLINIC	290,793	292,953	583,746	-2,873	580,873	90.00	
90.01 HOMER GLEN LAB	273,948	153,489	427,437	-233	427,204	90.01	
90.02 HOMER GLEN FEC	755,069	636,728	1,391,797	-11,890	1,379,907	90.02	
90.03 WOMEN'S HEALTH	541,921	461,999	1,003,920	-29,295	974,625	90.03	
91.00 EMERGENCY	4,790,389	757,806	5,548,195	262,670	5,810,865	91.00	
91.01 OP MENTAL HEALTH	227,131	7,698	234,829	267,880	502,709	91.01	
91.02 DIABETES CENTER	301,325	4,779	306,104	-39,963	266,141	91.02	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	120,735	613,443	734,178	-467	733,711	94.00	
99.10 CORF	0	0	0	0	0	99.10	
101.00 HOME HEALTH AGENCY	1,379,360	854,291	2,233,651	23,139	2,256,790	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	83,101,227	149,334,242	232,435,469	0	232,435,469	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,647	0	7,647	0	7,647	190.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
200.00 TOTAL (SUM OF LINES 118-199)	83,108,874	149,334,242	232,443,116	0	232,443,116	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-2,972,062	9,846,508	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	7,433,640	2.00
4.00	EMPLOYEE BENEFITS	-11,961	29,151,415	4.00
5.00	ADMINISTRATIVE & GENERAL	-18,164,392	25,609,032	5.00
7.00	OPERATION OF PLANT	-1,007	8,126,370	7.00
8.00	LAUNDRY & LINEN SERVICE	0	342,480	8.00
9.00	HOUSEKEEPING	-4,029	2,731,089	9.00
10.00	DIETARY	-952,585	401,005	10.00
11.00	CAFETERIA	0	1,325,067	11.00
13.00	NURSING ADMINISTRATION	-13	1,281,702	13.00
14.00	CENTRAL SERVICES & SUPPLY	-18,874	556,576	14.00
15.00	PHARMACY	-17	3,766,222	15.00
16.00	MEDICAL RECORDS & LIBRARY	-22,847	1,917,995	16.00
17.00	SOCIAL SERVICE	0	231,869	17.00
23.00	PARAMED ED PRGM	-161,209	407,052	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-838,048	18,488,546	30.00
31.00	INTENSIVE CARE UNIT	-8,523	3,588,292	31.00
40.00	SUBPROVIDER - I PF	-74,712	975,029	40.00
41.00	SUBPROVIDER - I RF	-108,872	2,256,053	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-3,646	1,002,318	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-2,530	8,708,289	50.00
51.00	RECOVERY ROOM	0	1,067,625	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,043,119	52.00
53.00	ANESTHESIOLOGY	0	564,728	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-552,259	8,210,613	54.00
54.01	ULTRASOUND	0	1,097,598	54.01
57.00	CT SCAN	-17	1,645,276	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,075,716	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-11,702	6,674,775	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,571,450	63.00
65.00	RESPIRATORY THERAPY	-8,995	1,373,064	65.00
66.00	PHYSICAL THERAPY	-17	2,816,418	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-527,233	919,784	69.00
70.00	ELECTROENCEPHALOGRAPHY	-12,000	113,388	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,396,034	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	13,123,964	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,704,559	73.00
74.00	RENAL DIALYSIS	-50,382	7,450,052	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	580,873	90.00
90.01	HOMER GLEN LAB	0	427,204	90.01
90.02	HOMER GLEN FEC	0	1,379,907	90.02
90.03	WOMEN'S HEALTH	-23,571	951,054	90.03
91.00	EMERGENCY	-325,483	5,485,382	91.00
91.01	OP MENTAL HEALTH	-20,162	482,547	91.01
91.02	DIABETES CENTER	-1,034	265,107	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	733,711	94.00
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	-16,436	2,240,354	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-24,894,618	207,540,851	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,647	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	TOTAL (SUM OF LINES 118-199)	-24,894,618	207,548,498	200.00

RECLASSIFICATIONS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
3/22/2012 10:05 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - STERILE PROCESSING					
1.00	ADULTS & PEDIATRICS	30.00	7,375	7,521	1.00
2.00	OPERATING ROOM	50.00	472,027	481,374	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	33,189	33,847	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	3,688	3,761	4.00
5.00	CLINIC	90.00	2,107	2,149	5.00
6.00	EMERGENCY	91.00	8,429	8,596	6.00
	TOTALS		526,815	537,248	
B - OUTPATIENT MHU					
1.00	OP MENTAL HEALTH	91.01	260,035	7,845	1.00
	TOTALS		260,035	7,845	
C - CAPITAL INSURANCE					
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	138,818	1.00
	EQUIP				
2.00	ADMINISTRATIVE & GENERAL	5.00	0	147,516	2.00
	TOTALS		0	286,334	
D - CHARGABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,704,559	1.00
	TOTALS		0	8,704,559	
E - MALPRACTICE INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,866,719	1.00
	TOTALS		0	1,866,719	
F - DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	7,294,822	1.00
	EQUIP				
	TOTALS		0	7,294,822	
G - PHYSICIAN FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	795,892	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	22,000	2.00
3.00	SUBPROVIDER - IPF	40.00	0	75,675	3.00
4.00	SUBPROVIDER - IRF	41.00	0	108,872	4.00
5.00	OPERATING ROOM	50.00	0	5,000	5.00
6.00	LABORATORY	60.00	0	89,000	6.00
7.00	RESPIRATORY THERAPY	65.00	0	28,334	7.00
9.00	ELECTROCARDIOLOGY	69.00	0	260,995	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,000	10.00
11.00	RENAL DIALYSIS	74.00	0	87,500	11.00
12.00	EMERGENCY	91.00	0	366,449	12.00
13.00	DIABETES CENTER	91.02	0	5,000	13.00
14.00	HOME HEALTH AGENCY	101.00	0	34,998	14.00
	TOTALS		0	1,891,715	
H - DEFAULT					
1.00	ADULTS & PEDIATRICS	30.00	1,807,604	0	1.00
2.00		52.00	1,770,864	0	2.00
	TOTALS		3,578,468	0	
I - SOCIAL SERVICES					
1.00	SOCIAL SERVICE	17.00	231,869	0	1.00
	TOTALS		231,869	0	
K - CHARGABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,396,034	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00

RECLASSIFICATIONS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6

Date/Time Prepared:
3/22/2012 10:05 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	TOTALS		0	8,396,034		
L - DIABETES MANAGEMENT						
1.00	ADULTS & PEDIATRICS	30.00	44,261	702		1.00
	TOTALS		44,261	702		
M - DIETARY RECLASS						
1.00	CAFETERIA	11.00	676,234	648,833		1.00
	TOTALS		676,234	648,833		
N - IMPLANTABLE DEVICE RECLASSIFICATION						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,123,964		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	13,123,964		
500.00	Grand Total: Increases		5,317,682	42,758,775		500.00

RECLASSIFICATIONS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
3/22/2012 10:05 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - STERILE PROCESSING							
1.00	CENTRAL SERVICES & SUPPLY	14.00	526,815	537,248	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
TOTALS			526,815	537,248			
B - OUTPATIENT MHU							
1.00	SUBPROVIDER - IPF	40.00	260,035	7,845	0		1.00
TOTALS			260,035	7,845			
C - CAPITAL INSURANCE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	286,334	12		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	286,334			
D - CHARGABLE DRUGS							
1.00	PHARMACY	15.00	0	8,704,559	0		1.00
TOTALS			0	8,704,559			
E - MALPRACTICE INSURANCE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,866,719	12		1.00
TOTALS			0	1,866,719			
F - DEPRECIATION RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,294,822	9		1.00
TOTALS			0	7,294,822			
G - PHYSICIAN FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,891,715	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
TOTALS			0	1,891,715			
H - DEFAULT							
1.00	NURSERY	43.00	3,578,468	0	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			3,578,468	0			
I - SOCIAL SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	231,869	0	0		1.00
TOTALS			231,869	0			
K - CHARGABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	136,759	0		1.00
2.00	PHARMACY	15.00	0	26,305	0		2.00
3.00	PARAMED ED PRGM	23.00	0	2,127	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	231,005	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	193,686	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	543	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	9,836	0		7.00
8.00	NURSERY	43.00	0	9,807	0		8.00
9.00	OPERATING ROOM	50.00	0	5,268,727	0		9.00
10.00	RECOVERY ROOM	51.00	0	5,779	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	196,688	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	317,883	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,702,579	0		13.00
14.00	ULTRASOUND	54.01	0	8,356	0		14.00
15.00	CT SCAN	57.00	0	18,498	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	21	0		16.00
17.00	LABORATORY	60.00	0	3,020	0		17.00
18.00	WOMEN'S HEALTH	90.03	0	29,295	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	7,263	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	8,948	0		20.00
22.00	ELECTROCARDIOLOGY	69.00	0	434	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,712	0		23.00
24.00	RENAL DIALYSIS	74.00	0	58,381	0		24.00

RECLASSIFICATIONS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6

Date/Time Prepared:
3/22/2012 10:05 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
25.00	CLINIC	90.00	0	7,129	0		25.00	
26.00	EMERGENCY	91.00	0	120,804	0		26.00	
27.00	HOMER GLEN LAB	90.01	0	233	0		27.00	
28.00	HOME PROGRAM DIALYSIS	94.00	0	467	0		28.00	
29.00	HOME HEALTH AGENCY	101.00	0	11,859	0		29.00	
30.00	HOMER GLEN FEC	90.02	0	11,890	0		30.00	
	TOTALS		0	8,396,034				
L - DIABETES MANAGEMENT								
1.00	DIABETES CENTER	91.02	44,261	702	0		1.00	
	TOTALS		44,261	702				
M - DIETARY RECLASS								
1.00	DIETARY	10.00	676,234	648,833	0		1.00	
	TOTALS		676,234	648,833				
N - IMPLANTABLE DEVICE RECLASSIFICATION								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,408,905	0		1.00	
2.00	OPERATING ROOM	50.00	0	9,715,059	0		2.00	
	TOTALS		0	13,123,964				
500.00	Grand Total: Decreases		5,317,682	42,758,775			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/22/2012 10:05 pm

	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	32,518,000	0	0	-857,000	1.00
2.00	Land Improvements	5,480,000	42,000	0	0	2.00
3.00	Buildings and Fixtures	185,590,000	1,009,000	0	0	3.00
4.00	Building Improvements	211,484,000	133,470,000	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	110,288,000	1,557,000	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	545,360,000	136,078,000	0	-857,000	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	545,360,000	136,078,000	0	-857,000	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	16,504,863	0	3,608,529	2,153,053	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,504,863	0	3,608,529	2,153,053	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	568,736,000	0	568,736,000	0.835662	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	111,845,000	0	111,845,000	0.164338	2.00
3.00	Total (sum of lines 1-2)	680,581,000	0	680,581,000	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/22/2012 10:05 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	33,375,000	0		1.00	
2.00	Land Improvements	5,522,000	0		2.00	
3.00	Buildings and Fixtures	186,599,000	0		3.00	
4.00	Building Improvements	344,954,000	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	111,845,000	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	682,295,000	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	682,295,000	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		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	22,266,445		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	22,266,445		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL 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	9,789,877	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,294,822	0
3.00	Total (sum of lines 1-2)	0	0	0	17,084,699	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	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	56,631	0	0	0	9,846,508	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	138,818	0	0	7,433,640	2.00
3.00	Total (sum of lines 1-2)	56,631	138,818	0	0	17,280,148	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,188,180	0			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,072,961	0			12.00
13.00 Laundry and linen service		0	0		0.00	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	19.00
20.00 Vending machines		0	0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	0	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	0	0	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00	27.00
28.00 Non-physician Anesthetist		0	0	0	19.00	28.00
29.00 Physicians' assistant		0	0	0	0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	0	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	0	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0	0	0.00	32.00
33.00		0	0	0	0.00	33.00
34.00		0	0	0	0.00	34.00
35.00		0	0	0	0.00	35.00
36.00		0	0	0	0.00	36.00
37.00		0	0	0	0.00	37.00
38.00 1996 DSR INTEXP. ADD ON	B	14,351	0	0	1.00	38.00
39.00 OTHER REVENUE-CENTRAL SUPPLY	B	-18,874	0	0	14.00	39.00
40.00 TELEPHONE BENEFITS	B	-11,961	0	0	4.00	40.00
41.00 PHYSICIANS	B	-835,533	0	0	5.00	41.00
42.00 CONTRIBUTIONS EXPENSE	A	-38,195	0	0	5.00	42.00
43.00 BAD DEBTS	B	-13,136,320	0	0	5.00	43.00
44.00 AHA & IHA DUES-POLITICAL LOBBY	A	-35,225	0	0	5.00	44.00
45.00 OTHER REV A & G	B	-2,432,364	0	0	5.00	45.00
45.01 TELEPHONE COSTS	A	-56,065	0	0	5.00	45.01
45.02 LIFE LINE COST	A	-77	0	0	5.00	45.02
45.03		0	0	0	0.00	45.03
45.04 COMMUNITY RELATIONS	A	-1,121,274	0	0	5.00	45.04
45.05 ADVERTISING ADMIN (EXPENSE ACCT# 510)	A	-565	0	0	5.00	45.05
45.06 OTHER REV-OPERATION & PLANT	B	-1,007	0	0	7.00	45.06

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	3.00
45.07 OTHER REV-CAFÉ' -EMP & GUESTS	B	-940,510	DIETARY	10.00	45.07
45.08 OTHER REV-VENDING MACHINES	B	-12,075	DIETARY	10.00	45.08
45.09 OTHER REV-NURSING ADMIN	B	-13	NURSING ADMINISTRATION	13.00	45.09
45.11 OTHER REV-PARAMED ED PROGRAM	B	-161,209	PARAMED ED PRGM	23.00	45.11
45.12 OTHER REV-A & P	B	-84	ADULTS & PEDIATRICS	30.00	45.12
45.13 OTHER REV-PSYCH	B	-20,162	OP MENTAL HEALTH	91.01	45.13
45.15 OTHER REV-NURSERY	B	-3,646	NURSERY	43.00	45.15
45.16 OTHER REV-RADIOLOGY	B	-96,134	RADIOLOGY-DIAGNOSTIC	54.00	45.16
45.18		0		0.00	45.18
45.19 OTHER REV-LAB	B	-1,308	LABORATORY	60.00	45.19
45.20 OTHER REV-PHYSICAL THERAPY	B	-17	PHYSICAL THERAPY	66.00	45.20
45.22 OTHER REV - CT SCAN	B	-17	CT SCAN	57.00	45.22
45.24 OTHER REV-CARDIAC CATH	B	-35,851	ELECTROCARDIOLOGY	69.00	45.24
45.25 OTHER REV-DIALYSIS	B	-196	RENAL DIALYSIS	74.00	45.25
45.27 OTHER REV-ER	B	-12	EMERGENCY	91.00	45.27
45.32 OTHER REV-DIABETES	B	-975	DIABETES CENTER	91.02	45.32
45.33		0		0.00	45.33
45.34 HHA BAD DEBTS	B	-16,400	HOME HEALTH AGENCY	101.00	45.34
45.35 INVESTMENT INCOME	B	-3,551,898	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.35
46.00 OTHER REV-MED REC	B	-22,847	MEDICAL RECORDS & LIBRARY	16.00	46.00
46.01 OTHER REV-OPER ROOM	B	-30	OPERATING ROOM	50.00	46.01
46.02		0		0.00	46.02
46.03 OTHER REV-HHA	B	-36	HOME HEALTH AGENCY	101.00	46.03
46.04		0		0.00	46.04
46.05 OTHER REV-ENVIRONMENTAL SERVICES	B	-4,029	HOUSEKEEPING	9.00	46.05
46.06 ADMINISTRATIVE MISC. EXPENSE	A	-215,184	ADMINISTRATIVE & GENERAL	5.00	46.06
46.07 OTHER REV-PHARMACY	B	-17	PHARMACY	15.00	46.07
46.08 OTHER REV-ICU	B	-69	INTENSIVE CARE UNIT	31.00	46.08
46.09		0		0.00	46.09
46.10		0		0.00	46.10
46.11		0		0.00	46.11
46.12		0		0.00	46.12
46.13		0		0.00	46.13
46.14 OTHER REV-WOMEN'S HEALTH	B	-23,571	WOMEN'S HEALTH	90.03	46.14
46.15		0		0.00	46.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,894,618			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
34.00		0	34.00
35.00		0	35.00
36.00		0	36.00
37.00		0	37.00
38.00	1996 DSR INTEXP. ADD ON	9	38.00
39.00	OTHER REVENUE-CENTRAL SUPPLY	0	39.00
40.00	TELEPHONE BENEFITS	0	40.00
41.00	PHYSICIANS	0	41.00
42.00	CONTRIBUTIONS EXPENSE	0	42.00
43.00	BAD DEBTS	0	43.00
44.00	AHA & IHA DUES-POLITICAL LOBBY	0	44.00
45.00	OTHER REV A & G	0	45.00
45.01	TELEPHONE COSTS	0	45.01
45.02	LIFE LINE COST	0	45.02
45.03		0	45.03
45.04	COMMUNITY RELATIONS	0	45.04
45.05	ADVERTISING ADMIN (EXPENSE ACCT# 510)	0	45.05
45.06	OTHER REV-OPERATION & PLANT	0	45.06
45.07	OTHER REV-CAFÉ' -EMP & GUESTS	0	45.07
45.08	OTHER REV-VENDING MACHINES	0	45.08
45.09	OTHER REV-NURSING ADMIN	0	45.09
45.11	OTHER REV-PARAMED ED PROGRAM	0	45.11
45.12	OTHER REV-A & P	0	45.12
45.13	OTHER REV-PSYCH	0	45.13
45.15	OTHER REV-NURSERY	0	45.15
45.16	OTHER REV-RADIOLOGY	0	45.16
45.18		0	45.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.19	OTHER REV-LAB	0	45.19
45.20	OTHER REV-PHYSICAL THERAPY	0	45.20
45.22	OTHER REV - CT SCAN	0	45.22
45.24	OTHER REV-CARDIAC CATH	0	45.24
45.25	OTHER REV-DIALYSIS	0	45.25
45.27	OTHER REV-ER	0	45.27
45.32	OTHER REV-DIABETES	0	45.32
45.33		0	45.33
45.34	HHA BAD DEBTS	0	45.34
45.35	INVESTMENT INCOME	11	45.35
46.00	OTHER REV-MED REC	0	46.00
46.01	OTHER REV-OPER ROOM	0	46.01
46.02		0	46.02
46.03	OTHER REV-HHA	0	46.03
46.04		0	46.04
46.05	OTHER REV-ENVIRONMENTAL SERVICES	0	46.05
46.06	ADMINISTRATIVE MISC. EXPENSE	0	46.06
46.07	OTHER REV-PHARMACY	0	46.07
46.08	OTHER REV-ICU	0	46.08
46.09		0	46.09
46.10		0	46.10
46.11		0	46.11
46.12		0	46.12
46.13		0	46.13
46.14	OTHER REV-WOMEN'S HEALTH	0	46.14
46.15		0	46.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-1

Date/Time Prepared:
3/22/2012 10:05 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.00 ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	1.00
2.00		1.00 NEW CAP REL COSTS-BLDG & FIXT	DEPRECIATION	2.00
3.00		54.00 RADIOLOGY-DIAGNOSTIC	LEASE	3.00
4.00		69.00 ELECTROCARDIOLOGY	LEASE	4.00
4.01		5.00 ADMINISTRATIVE & GENERAL	LEASE	4.01
4.02		30.00 ADULTS & PEDIATRICS	LEASE	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00		G	SILVER CROSS HO	100.00	6.00
7.00				0.00	7.00
8.00				0.00	8.00
9.00				0.00	9.00
10.00				0.00	10.00
100.00	G. Other (financial or non-financial) specify:		FINANCIAL		100.00

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

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

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

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-1

Date/Time Prepared:
3/22/2012 10:05 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	7,056,084	5,777,340	1,278,744	0		1.00
2.00	565,485	0	565,485	9		2.00
3.00	0	456,125	-456,125	0		3.00
4.00	0	230,387	-230,387	0		4.00
4.01	0	42,684	-42,684	0		4.01
4.02	0	42,072	-42,072	0		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	7,621,569	6,548,608	1,072,961		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/22/2012 10:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMIN & GENERAL	1,529,650	1,529,650	1.00
2.00	30.00	ADULTS & PEDIATRICS	795,892	795,892	2.00
3.00	31.00	INTENSIVE CARE UNIT	22,000	0	3.00
4.00	40.00	SUBPROVIDER	75,675	54,425	4.00
5.00	41.00	SUBPROVIDER 2	108,872	108,872	5.00
6.00	50.00	OPERATING ROOM	5,000	0	6.00
7.00	65.00	RESPIRATORY THERAPY	28,334	0	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	260,995	260,995	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	12,000	12,000	10.00
11.00	74.00	RENAL DIALYSIS	87,500	0	11.00
12.00	90.00	CLINIC	0	0	12.00
13.00	91.00	EMERGENCY	366,449	302,700	13.00
14.00	60.00	LABORATORY	89,000	0	14.00
15.00	91.02	DIABETES CENTER	5,000	0	15.00
200.00		TOTAL (lines 1.00 through 199.00)	3,386,367	3,064,534	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/22/2012 10:05 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	22,000	177,200	159	13,546	677	3.00
4.00	21,250	154,100	13	963	48	4.00
5.00	0	154,100	0	0	0	5.00
6.00	5,000	208,000	25	2,500	125	6.00
7.00	28,334	177,200	227	19,339	967	7.00
8.00	0	177,200	0	0	0	8.00
9.00	0	177,200	0	0	0	9.00
10.00	0	177,200	0	0	0	10.00
11.00	87,500	177,200	438	37,314	1,866	11.00
12.00	0	177,200	0	0	0	12.00
13.00	63,749	177,200	481	40,978	2,049	13.00
14.00	89,000	215,700	758	78,606	3,930	14.00
15.00	5,000	177,200	58	4,941	247	15.00
200.00	321,833		2,159	198,187	9,909	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/22/2012 10:05 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	13,546	3.00
4.00	0	0	0	0	963	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	2,500	6.00
7.00	0	0	0	0	19,339	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	37,314	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	40,978	13.00
14.00	0	0	0	0	78,606	14.00
15.00	0	0	0	0	4,941	15.00
200.00	0	0	0	0	198,187	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/22/2012 10:05 pm

	RCE	Adjustment	
	Disallowance	18.00	
1.00	0	1,529,650	1.00
2.00	0	795,892	2.00
3.00	8,454	8,454	3.00
4.00	20,287	74,712	4.00
5.00	0	108,872	5.00
6.00	2,500	2,500	6.00
7.00	8,995	8,995	7.00
8.00	0	0	8.00
9.00	0	260,995	9.00
10.00	0	12,000	10.00
11.00	50,186	50,186	11.00
12.00	0	0	12.00
13.00	22,771	325,471	13.00
14.00	10,394	10,394	14.00
15.00	59	59	15.00
200.00	123,646	3,188,180	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	9,846,508	9,846,508				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	7,433,640		7,433,640			2.00
4.00 EMPLOYEE BENEFITS	29,151,415	50,781	4,861	29,207,057		4.00
5.00 ADMINISTRATIVE & GENERAL	25,609,032	1,610,207	2,671,204	3,846,874	33,737,317	5.00
7.00 OPERATION OF PLANT	8,126,370	128,567	286,981	819,853	9,361,771	7.00
8.00 LAUNDRY & LINEN SERVICE	342,480	58,743	0	28,505	429,728	8.00
9.00 HOUSEKEEPING	2,731,089	69,044	16,499	635,436	3,452,068	9.00
10.00 DIETARY	401,005	269,641	21,708	249,198	941,552	10.00
11.00 CAFETERIA	1,325,067	275,289	21,251	243,947	1,865,554	11.00
13.00 NURSING ADMINISTRATION	1,281,702	32,653	45,997	456,179	1,816,531	13.00
14.00 CENTRAL SERVICES & SUPPLY	556,576	306,947	41,690	154,964	1,060,177	14.00
15.00 PHARMACY	3,766,222	82,439	0	788,631	4,637,292	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,917,995	175,125	32,812	631,087	2,757,019	16.00
17.00 SOCIAL SERVICE	231,869	0	0	83,645	315,514	17.00
23.00 PARAMED ED PRGM	407,052	29,587	14,046	103,568	554,253	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	18,488,546	1,921,026	298,934	6,051,954	26,760,460	30.00
31.00 INTENSIVE CARE UNIT	3,588,292	339,304	54,786	1,184,277	5,166,659	31.00
40.00 SUBPROVIDER - IPF	975,029	179,644	12,363	341,286	1,508,322	40.00
41.00 SUBPROVIDER - IRF	2,256,053	259,851	18,642	644,202	3,178,748	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,002,318	75,069	41,280	265,626	1,384,293	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	8,708,289	710,911	735,281	2,075,883	12,230,364	50.00
51.00 RECOVERY ROOM	1,067,625	59,657	29,469	362,181	1,518,932	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,043,119	339,169	110,361	650,800	3,143,449	52.00
53.00 ANESTHESIOLOGY	564,728	43,680	27,631	83,372	719,411	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,210,613	645,686	1,858,984	2,073,601	12,788,884	54.00
54.01 ULTRASOUND	1,097,598	147,879	59,334	333,866	1,638,677	54.01
57.00 CT SCAN	1,645,276	0	0	0	1,645,276	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,075,716	0	0	0	1,075,716	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	6,674,775	263,051	40,745	1,160,140	8,138,711	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	1,571,450	10,759	3,647	50,385	1,636,241	63.00
65.00 RESPIRATORY THERAPY	1,373,064	16,784	40,432	387,980	1,818,260	65.00
66.00 PHYSICAL THERAPY	2,816,418	192,824	33,396	771,213	3,813,851	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	919,784	26,897	97,799	309,911	1,354,391	69.00
70.00 ELECTROENCEPHALOGRAPHY	113,388	44,810	0	38,492	196,690	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,396,034	0	0	0	8,396,034	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	13,123,964	0	0	0	13,123,964	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,704,559	0	113,577	0	8,818,136	73.00
74.00 RENAL DIALYSIS	7,450,052	172,678	97,671	1,272,812	8,993,213	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	580,873	40,211	1,458	105,662	728,204	90.00
90.01 HOMER GLEN LAB	427,204	168,697	1,915	98,825	696,641	90.01
90.02 HOMER GLEN FEC	1,379,907	0	30,425	272,386	1,682,718	90.02
90.03 WOMEN'S HEALTH	951,054	0	256,574	198,535	1,406,163	90.03
91.00 EMERGENCY	5,485,382	763,871	304,931	1,821,905	8,376,089	91.00
91.01 OP MENTAL HEALTH	482,547	112,832	2,805	65,969	664,153	91.01
91.02 DIABETES CENTER	265,107	33,487	1,796	0	300,390	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	733,711	0	0	43,554	777,265	94.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,240,354	0	1,614	497,594	2,739,562	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	207,540,851	9,657,800	7,432,899	29,204,298	207,348,643	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,647	147,287	0	2,759	157,693	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	41,421	741	0	42,162	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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)	207,548,498	9,846,508	7,433,640	29,207,057	207,548,498	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part I Date/Time Prepared: 3/22/2012 10:05 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	33,737,317					5.00
7.00	OPERATION OF PLANT	1,817,148	11,178,919				7.00
8.00	LAUNDRY & LINEN SERVICE	83,411	81,505	594,644			8.00
9.00	HOUSEKEEPING	670,057	95,798	0	4,217,923		9.00
10.00	DIETARY	182,758	374,123	5,329	143,436	1,647,198	10.00
11.00	CAFETERIA	362,110	381,960	0	146,440	0	11.00
13.00	NURSING ADMINISTRATION	352,594	45,305	0	17,370	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	205,784	425,885	3,827	163,281	0	14.00
15.00	PHARMACY	900,112	114,383	0	43,853	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	535,146	242,984	0	93,158	0	16.00
17.00	SOCIAL SERVICE	61,242	0	0	0	0	17.00
23.00	PARAMED ED PRGM	107,582	41,051	15,248	15,739	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,194,330	2,665,402	299,697	1,021,891	1,169,372	30.00
31.00	INTENSIVE CARE UNIT	1,002,864	470,780	24,209	180,493	222,435	31.00
40.00	SUBPROVIDER - IPF	292,770	249,254	4,742	95,562	95,836	40.00
41.00	SUBPROVIDER - IRF	617,005	360,539	18,840	138,228	159,555	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	268,695	104,157	12,623	39,933	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,373,950	986,380	57,651	378,169	0	50.00
51.00	RECOVERY ROOM	294,829	82,774	12,956	31,735	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	610,153	470,593	20,099	180,421	0	52.00
53.00	ANESTHESIOLOGY	139,640	60,606	0	23,236	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,482,361	895,881	18,140	343,473	0	54.00
54.01	ULTRASOUND	318,072	205,180	14,511	78,664	0	54.01
57.00	CT SCAN	319,353	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	208,800	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,579,748	364,980	906	139,930	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	317,599	14,928	0	5,723	0	63.00
65.00	RESPIRATORY THERAPY	352,930	23,287	0	8,928	0	65.00
66.00	PHYSICAL THERAPY	740,280	267,540	11,997	102,573	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	262,891	37,319	14,454	14,308	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	38,178	62,174	407	23,837	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,629,695	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,547,401	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,711,627	0	0	0	0	73.00
74.00	RENAL DIALYSIS	1,745,610	239,588	15,931	91,856	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	141,347	55,792	0	21,390	0	90.00
90.01	HOMER GLEN LAB	135,220	0	0	0	0	90.01
90.02	HOMER GLEN FEC	326,621	234,065	0	89,738	0	90.02
90.03	WOMEN'S HEALTH	272,940	0	0	0	0	90.03
91.00	EMERGENCY	1,625,824	1,059,861	43,077	406,341	0	91.00
91.01	OP MENTAL HEALTH	128,914	156,553	0	60,021	0	91.01
91.02	DIABETES CENTER	58,307	46,462	0	17,813	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	150,869	0	0	0	0	94.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	531,757	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,698,524	10,917,089	594,644	4,117,540	1,647,198	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,609	204,359	0	78,349	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	8,184	57,471	0	22,034	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	33,737,317	11,178,919	594,644	4,217,923	1,647,198	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part I Date/Time Prepared: 3/22/2012 10:05 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	2,756,064					11.00
13.00	NURSING ADMINISTRATION	41,669	2,273,469				13.00
14.00	CENTRAL SERVICES & SUPPLY	33,518	0	1,892,472			14.00
15.00	PHARMACY	69,440	0	15,629	5,780,709		15.00
16.00	MEDICAL RECORDS & LIBRARY	102,958	0	2,547	0	3,733,812	16.00
17.00	SOCIAL SERVICE	9,614	0	0	0	0	17.00
23.00	PARAMED PRGM	67,663	0	14,841	63,356	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	685,699	1,268,944	115,428	36,004	1,477,653	30.00
31.00	INTENSIVE CARE UNIT	109,437	202,528	25,077	11,850	454,840	31.00
40.00	SUBPROVIDER - IPF	45,849	0	2,018	14	118,700	40.00
41.00	SUBPROVIDER - IRF	71,216	131,797	6,170	471	115,437	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	118,136	218,634	10,922	4,496	159,578	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	233,164	0	107,168	8,199	0	50.00
51.00	RECOVERY ROOM	28,842	0	4,358	23	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	22,990	42,523	16,260	2,055	0	52.00
53.00	ANESTHESIOLOGY	10,502	0	18,563	342,020	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	281,208	0	82,017	84,171	0	54.00
54.01	ULTRASOUND	31,716	0	7,057	641	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	162,131	0	225,733	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	6,113	0	14,698	0	0	63.00
65.00	RESPIRATORY THERAPY	47,495	0	20,864	0	0	65.00
66.00	PHYSICAL THERAPY	85,820	0	4,525	637	343,721	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	35,399	0	3,357	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,538	0	476	0	79,837	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	932,649	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	139,036	257,275	131,772	4,794,923	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	9,170	0	2,839	0	15,065	90.00
90.01	HOMER GLEN LAB	12,331	0	14,144	0	0	90.01
90.02	HOMER GLEN FEC	27,614	0	7,434	3,528	0	90.02
90.03	WOMEN'S HEALTH	22,833	0	5,498	838	0	90.03
91.00	EMERGENCY	195,727	0	53,021	18,816	968,981	91.00
91.01	OP MENTAL HEALTH	9,797	0	479	0	0	91.01
91.02	DIABETES CENTER	28,554	52,827	399	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	3,840	0	42,444	404,987	0	94.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	98,941	4,085	3,680	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,755,019	2,273,469	1,892,472	5,780,709	3,733,812	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,045	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,756,064	2,273,469	1,892,472	5,780,709	3,733,812	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
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3/22/2012 10:05 pm

Cost Center Description	SOCIAL SERVICE	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	386,370					17.00
23.00 PARAMED PRGM	0	879,733				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	335,604	0	41,030,484	0	41,030,484	30.00
31.00 INTENSIVE CARE UNIT	20,581	70,207	7,961,960	0	7,961,960	31.00
40.00 SUBPROVIDER - IPF	0	0	2,413,067	0	2,413,067	40.00
41.00 SUBPROVIDER - IRF	0	0	4,798,006	0	4,798,006	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	2,321,467	0	2,321,467	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	16,375,045	0	16,375,045	50.00
51.00 RECOVERY ROOM	0	0	1,974,449	0	1,974,449	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	4,508,543	0	4,508,543	52.00
53.00 ANESTHESIOLOGY	0	0	1,313,978	0	1,313,978	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	16,976,135	0	16,976,135	54.00
54.01 ULTRASOUND	0	0	2,294,518	0	2,294,518	54.01
57.00 CT SCAN	0	0	1,964,629	0	1,964,629	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,284,516	0	1,284,516	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	10,612,139	0	10,612,139	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	1,995,302	0	1,995,302	63.00
65.00 RESPIRATORY THERAPY	0	42,984	2,314,748	0	2,314,748	65.00
66.00 PHYSICAL THERAPY	0	0	5,370,944	0	5,370,944	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	34,387	1,756,506	0	1,756,506	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	407,137	0	407,137	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,958,378	0	10,958,378	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	15,671,365	0	15,671,365	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	10,529,763	0	10,529,763	73.00
74.00 RENAL DIALYSIS	0	0	16,409,204	-2,294,623	14,114,581	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	4,802	0	978,609	0	978,609	90.00
90.01 HOMER GLEN LAB	0	0	858,336	0	858,336	90.01
90.02 HOMER GLEN FEC	0	0	2,371,718	0	2,371,718	90.02
90.03 WOMEN'S HEALTH	0	0	1,708,272	0	1,708,272	90.03
91.00 EMERGENCY	25,383	732,155	13,505,275	0	13,505,275	91.00
91.01 OP MENTAL HEALTH	0	0	1,019,917	0	1,019,917	91.01
91.02 DIABETES CENTER	0	0	504,752	0	504,752	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	1,379,405	-178,713	1,200,692	94.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	3,378,025	0	3,378,025	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	386,370	879,733	206,946,592	0	204,473,256	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	472,055	0	472,055	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	129,851	0	129,851	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
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Cost Center Description	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00 TOTAL (sum lines 118-201)	386,370	879,733	207,548,498	0	205,075,162	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	50,781	4,861	55,642	55,642 4.00
5.00	ADMINISTRATIVE & GENERAL	0	1,610,207	2,671,204	4,281,411	7,326 5.00
7.00	OPERATION OF PLANT	0	128,567	286,981	415,548	1,561 7.00
8.00	LAUNDRY & LINEN SERVICE	0	58,743	0	58,743	54 8.00
9.00	HOUSEKEEPING	0	69,044	16,499	85,543	1,210 9.00
10.00	DIETARY	0	269,641	21,708	291,349	475 10.00
11.00	CAFETERIA	0	275,289	21,251	296,540	465 11.00
13.00	NURSING ADMINISTRATION	0	32,653	45,997	78,650	869 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	306,947	41,690	348,637	295 14.00
15.00	PHARMACY	0	82,439	0	82,439	1,502 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	175,125	32,812	207,937	1,202 16.00
17.00	SOCIAL SERVICE	0	0	0	0	159 17.00
23.00	PARAMED ED PRGM	0	29,587	14,046	43,633	197 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,921,026	298,934	2,219,960	11,545 30.00
31.00	INTENSIVE CARE UNIT	0	339,304	54,786	394,090	2,255 31.00
40.00	SUBPROVIDER - I/PF	0	179,644	12,363	192,007	650 40.00
41.00	SUBPROVIDER - IRF	0	259,851	18,642	278,493	1,227 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	75,069	41,280	116,349	506 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	710,911	735,281	1,446,192	3,953 50.00
51.00	RECOVERY ROOM	0	59,657	29,469	89,126	690 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	339,169	110,361	449,530	1,239 52.00
53.00	ANESTHESIOLOGY	0	43,680	27,631	71,311	159 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	645,686	1,858,984	2,504,670	3,949 54.00
54.01	ULTRASOUND	0	147,879	59,334	207,213	636 54.01
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	0	263,051	40,745	303,796	2,209 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	10,759	3,647	14,406	96 63.00
65.00	RESPIRATORY THERAPY	0	16,784	40,432	57,216	739 65.00
66.00	PHYSICAL THERAPY	0	192,824	33,396	226,220	1,469 66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	ELECTROCARDIOLOGY	0	26,897	97,799	124,696	590 69.00
70.00	ELECTROENCEPHALOGRAPHY	0	44,810	0	44,810	73 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	113,577	113,577	0 73.00
74.00	RENAL DIALYSIS	0	172,678	97,671	270,349	2,424 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	CLINIC	0	40,211	1,458	41,669	201 90.00
90.01	HOMER GLEN LAB	0	168,697	1,915	170,612	188 90.01
90.02	HOMER GLEN FEC	0	0	30,425	30,425	519 90.02
90.03	WOMEN'S HEALTH	0	0	256,574	256,574	378 90.03
91.00	EMERGENCY	0	763,871	304,931	1,068,802	3,470 91.00
91.01	OP MENTAL HEALTH	0	112,832	2,805	115,637	126 91.01
91.02	DIABETES CENTER	0	33,487	1,796	35,283	0 91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	83 94.00
99.10	CORF	0	0	0	0	0 99.10
101.00	HOME HEALTH AGENCY	0	0	1,614	1,614	948 101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,657,800	7,432,899	17,090,699	55,637 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	147,287	0	147,287	5 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	41,421	741	42,162	0 192.00
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/22/2012 10:05 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	2A	4.00		
201.00 Negative Cost Centers		0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	9,846,508	7,433,640	17,280,148	55,642		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/22/2012 10:05 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	4,288,737					5.00
7.00	OPERATION OF PLANT	231,002	648,111				7.00
8.00	LAUNDRY & LINEN SERVICE	10,604	4,725	74,126			8.00
9.00	HOUSEKEEPING	85,180	5,554	0	177,487		9.00
10.00	DIETARY	23,233	21,690	664	6,036	343,447	10.00
11.00	CAFETERIA	46,033	22,145	0	6,162	0	11.00
13.00	NURSING ADMINISTRATION	44,823	2,627	0	731	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	26,160	24,691	477	6,871	0	14.00
15.00	PHARMACY	114,425	6,631	0	1,845	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	68,029	14,087	0	3,920	0	16.00
17.00	SOCIAL SERVICE	7,785	0	0	0	0	17.00
23.00	PARAMED ED PRGM	13,676	2,380	1,901	662	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	660,259	154,528	37,358	43,000	243,818	30.00
31.00	INTENSIVE CARE UNIT	127,487	27,294	3,018	7,595	46,379	31.00
40.00	SUBPROVIDER - IPF	37,218	14,451	591	4,021	19,982	40.00
41.00	SUBPROVIDER - IRF	78,436	20,903	2,348	5,817	33,268	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	34,157	6,039	1,574	1,680	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	301,784	57,187	7,187	15,913	0	50.00
51.00	RECOVERY ROOM	37,480	4,799	1,615	1,335	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	77,565	27,283	2,505	7,592	0	52.00
53.00	ANESTHESIOLOGY	17,751	3,514	0	978	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	315,566	51,940	2,261	14,453	0	54.00
54.01	ULTRASOUND	40,434	11,896	1,809	3,310	0	54.01
57.00	CT SCAN	40,597	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	26,543	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	200,823	21,160	113	5,888	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	40,374	865	0	241	0	63.00
65.00	RESPIRATORY THERAPY	44,866	1,350	0	376	0	65.00
66.00	PHYSICAL THERAPY	94,107	15,511	1,496	4,316	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	33,420	2,164	1,802	602	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,853	3,605	51	1,003	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	207,172	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	323,834	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	217,588	0	0	0	0	73.00
74.00	RENAL DIALYSIS	221,908	13,890	1,986	3,865	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	17,968	3,235	0	900	0	90.00
90.01	HOMER GLEN LAB	17,190	0	0	0	0	90.01
90.02	HOMER GLEN FEC	41,521	13,570	0	3,776	0	90.02
90.03	WOMEN'S HEALTH	34,697	0	0	0	0	90.03
91.00	EMERGENCY	206,680	61,447	5,370	17,099	0	91.00
91.01	OP MENTAL HEALTH	16,388	9,076	0	2,526	0	91.01
91.02	DIABETES CENTER	7,412	2,694	0	750	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	19,179	0	0	0	0	94.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	67,599	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,283,806	632,931	74,126	173,263	343,447	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,891	11,848	0	3,297	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,040	3,332	0	927	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,288,737	648,111	74,126	177,487	343,447	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/22/2012 10:05 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	371,345					11.00
13.00	NURSING ADMINISTRATION	5,614	133,314				13.00
14.00	CENTRAL SERVICES & SUPPLY	4,516	0	411,647			14.00
15.00	PHARMACY	9,356	0	3,400	219,598		15.00
16.00	MEDICAL RECORDS & LIBRARY	13,872	0	554	0	309,601	16.00
17.00	SOCIAL SERVICE	1,295	0	0	0	0	17.00
23.00	PARAMED PRGM	9,117	0	3,228	2,407	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	92,392	74,410	25,107	1,368	122,525	30.00
31.00	INTENSIVE CARE UNIT	14,745	11,876	5,455	450	37,714	31.00
40.00	SUBPROVIDER - IPF	6,178	0	439	1	9,842	40.00
41.00	SUBPROVIDER - IRF	9,595	7,728	1,342	18	9,572	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	15,917	12,820	2,376	171	13,232	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	31,416	0	23,311	311	0	50.00
51.00	RECOVERY ROOM	3,886	0	948	1	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,098	2,494	3,537	78	0	52.00
53.00	ANESTHESIOLOGY	1,415	0	4,038	12,993	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	37,889	0	17,840	3,197	0	54.00
54.01	ULTRASOUND	4,273	0	1,535	24	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	21,845	0	49,100	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	824	0	3,197	0	0	63.00
65.00	RESPIRATORY THERAPY	6,399	0	4,538	0	0	65.00
66.00	PHYSICAL THERAPY	11,563	0	984	24	28,501	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	4,770	0	730	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	746	0	103	0	6,620	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	202,870	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	18,733	15,086	28,662	182,149	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,236	0	618	0	1,249	90.00
90.01	HOMER GLEN LAB	1,661	0	3,077	0	0	90.01
90.02	HOMER GLEN FEC	3,721	0	1,617	134	0	90.02
90.03	WOMEN'S HEALTH	3,076	0	1,196	32	0	90.03
91.00	EMERGENCY	26,372	0	11,533	715	80,346	91.00
91.01	OP MENTAL HEALTH	1,320	0	104	0	0	91.01
91.02	DIABETES CENTER	3,847	3,098	87	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	517	0	9,232	15,385	0	94.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	5,802	889	140	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	371,204	133,314	411,647	219,598	309,601	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	371,345	133,314	411,647	219,598	309,601	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	9,239					17.00
23.00 PARAMED ED PRGM	0	77,201				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,025		3,694,295	0	3,694,295	30.00
31.00 INTENSIVE CARE UNIT	492		678,850	0	678,850	31.00
40.00 SUBPROVIDER - IPF	0		285,380	0	285,380	40.00
41.00 SUBPROVIDER - IRF	0		448,747	0	448,747	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	0		204,821	0	204,821	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0		1,887,254	0	1,887,254	50.00
51.00 RECOVERY ROOM	0		139,880	0	139,880	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0		574,921	0	574,921	52.00
53.00 ANESTHESIOLOGY	0		112,159	0	112,159	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0		2,951,765	0	2,951,765	54.00
54.01 ULTRASOUND	0		271,130	0	271,130	54.01
57.00 CT SCAN	0		40,597	0	40,597	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0		26,543	0	26,543	58.00
59.00 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 LABORATORY	0		604,934	0	604,934	60.00
60.01 BLOOD LABORATORY	0		0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0		60,003	0	60,003	63.00
65.00 RESPIRATORY THERAPY	0		115,484	0	115,484	65.00
66.00 PHYSICAL THERAPY	0		384,191	0	384,191	66.00
67.00 OCCUPATIONAL THERAPY	0		0	0	0	67.00
68.00 SPEECH PATHOLOGY	0		0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0		168,774	0	168,774	69.00
70.00 ELECTROENCEPHALOGRAPHY	0		61,864	0	61,864	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		410,042	0	410,042	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0		323,834	0	323,834	72.00
73.00 DRUGS CHARGED TO PATIENTS	0		331,165	0	331,165	73.00
74.00 RENAL DIALYSIS	0		759,052	0	759,052	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 CLINIC	115		67,191	0	67,191	90.00
90.01 HOMER GLEN LAB	0		192,728	0	192,728	90.01
90.02 HOMER GLEN FEC	0		95,283	0	95,283	90.02
90.03 WOMEN'S HEALTH	0		295,953	0	295,953	90.03
91.00 EMERGENCY	607		1,482,441	0	1,482,441	91.00
91.01 OP MENTAL HEALTH	0		145,177	0	145,177	91.01
91.02 DIABETES CENTER	0		53,171	0	53,171	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0		44,396	0	44,396	94.00
99.10 CORF	0		0	0	0	99.10
101.00 HOME HEALTH AGENCY	0		76,992	0	76,992	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 INTestinal ACQUISITION	0		0	0	0	110.00
111.00 ISLET ACQUISITION	0		0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,239	0	16,989,017	0	16,989,017	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		166,469	0	166,469	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0		47,461	0	47,461	192.00
200.00 Cross Foot Adjustments		77,201	77,201	0	77,201	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/22/2012 10:05 pm	
Cost Center Description	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00 TOTAL (sum lines 118-201)	9,239	77,201	17,280,148	25.00	26.00	17,280,148	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	366,084						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		7,293,482					2.00
4.00 EMPLOYEE BENEFITS	1,888	4,769	80,963,604				4.00
5.00 ADMINISTRATIVE & GENERAL	59,866	2,620,840	10,663,753	-33,737,317	173,811,181		5.00
7.00 OPERATION OF PLANT	4,780	281,570	2,272,678	0	9,361,771		7.00
8.00 LAUNDRY & LINEN SERVICE	2,184	0	79,018	0	429,728		8.00
9.00 HOUSEKEEPING	2,567	16,188	1,761,465	0	3,452,068		9.00
10.00 DIETARY	10,025	21,299	690,790	0	941,552		10.00
11.00 CAFETERIA	10,235	20,850	676,234	0	1,865,554		11.00
13.00 NURSING ADMINISTRATION	1,214	45,130	1,264,554	0	1,816,531		13.00
14.00 CENTRAL SERVICES & SUPPLY	11,412	40,904	429,569	0	1,060,177		14.00
15.00 PHARMACY	3,065	0	2,186,130	0	4,637,292		15.00
16.00 MEDICAL RECORDS & LIBRARY	6,511	32,193	1,749,408	0	2,757,019		16.00
17.00 SOCIAL SERVICE	0	0	231,869	0	315,514		17.00
23.00 PARAMED ED PRGM	1,100	13,781	287,095	0	554,253		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	71,422	293,298	16,776,356	0	26,760,460		30.00
31.00 INTENSIVE CARE UNIT	12,615	53,753	3,282,882	0	5,166,659		31.00
40.00 SUBPROVIDER - I/P	6,679	12,130	946,064	0	1,508,322		40.00
41.00 SUBPROVIDER - I/R	9,661	18,291	1,785,764	0	3,178,748		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	2,791	40,502	736,330	0	1,384,293		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	26,431	721,418	5,754,464	0	12,230,364		50.00
51.00 RECOVERY ROOM	2,218	28,913	1,003,985	0	1,518,932		51.00
52.00 DELIVERY ROOM & LABOR ROOM	12,610	108,280	1,804,054	0	3,143,449		52.00
53.00 ANESTHESIOLOGY	1,624	27,110	231,112	0	719,411		53.00
54.00 RADIOLOGY-DIAGNOSTIC	24,006	1,823,933	5,748,138	0	12,788,884		54.00
54.01 ULTRASOUND	5,498	58,215	925,496	0	1,638,677		54.01
57.00 CT SCAN	0	0	0	0	1,645,276		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,075,716		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	9,780	39,977	3,215,975	0	8,138,711		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	400	3,578	139,669	0	1,636,241		63.00
65.00 RESPIRATORY THERAPY	624	39,670	1,075,503	0	1,818,260		65.00
66.00 PHYSICAL THERAPY	7,169	32,766	2,137,846	0	3,813,851		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	1,000	95,955	859,091	0	1,354,391		69.00
70.00 ELECTROENCEPHALOGRAPHY	1,666	0	106,701	0	196,690		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,396,034		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,123,964		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	111,436	0	0	8,818,136		73.00
74.00 RENAL DIALYSIS	6,420	95,829	3,528,308	0	8,993,213		74.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	1,495	1,431	292,900	0	728,204		90.00
90.01 HOMER GLEN LAB	6,272	1,879	273,948	0	696,641		90.01
90.02 HOMER GLEN FEC	0	29,851	755,069	0	1,682,718		90.02
90.03 WOMEN'S HEALTH	0	251,736	550,350	0	1,406,163		90.03
91.00 EMERGENCY	28,400	299,182	5,050,424	0	8,376,089		91.00
91.01 OP MENTAL HEALTH	4,195	2,752	182,870	0	664,153		91.01
91.02 DIABETES CENTER	1,245	1,762	0	0	300,390		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	120,735	0	777,265		94.00
99.10 CORF	0	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	1,584	1,379,360	0	2,739,562		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	359,068	7,292,755	80,955,957	-33,737,317	173,611,326		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,476	0	7,647	0	157,693		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,540	727	0	0	42,162		192.00
200.00 Cross Foot Adjustments							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
201.00 Negative Cost Centers					5A	5.00	201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,846,508	7,433,640	29,207,057			33,737,317	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.896854	1.019217	0.360743			0.194103	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			55,642			4,288,737	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000687			0.024675	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
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To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	299,550					7.00
8.00 LAUNDRY & LINEN SERVICE	2,184	1,736,140				8.00
9.00 HOUSEKEEPING	2,567	0	294,799			9.00
10.00 DIETARY	10,025	15,559	10,025	292,191		10.00
11.00 CAFETERIA	10,235	0	10,235	0	105,496	11.00
13.00 NURSING ADMINISTRATION	1,214	0	1,214	0	1,595	13.00
14.00 CENTRAL SERVICES & SUPPLY	11,412	11,172	11,412	0	1,283	14.00
15.00 PHARMACY	3,065	0	3,065	0	2,658	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,511	0	6,511	0	3,941	16.00
17.00 SOCIAL SERVICE	0	0	0	0	368	17.00
23.00 PARAMED PRGM	1,100	44,518	1,100	0	2,590	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	71,422	875,004	71,422	207,431	26,247	30.00
31.00 INTENSIVE CARE UNIT	12,615	70,681	12,615	39,457	4,189	31.00
40.00 SUBPROVIDER - IPF	6,679	13,846	6,679	17,000	1,755	40.00
41.00 SUBPROVIDER - IRF	9,661	55,005	9,661	28,303	2,726	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,791	36,854	2,791	0	4,522	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	26,431	168,319	26,431	0	8,925	50.00
51.00 RECOVERY ROOM	2,218	37,827	2,218	0	1,104	51.00
52.00 DELIVERY ROOM & LABOR ROOM	12,610	58,681	12,610	0	880	52.00
53.00 ANESTHESIOLOGY	1,624	0	1,624	0	402	53.00
54.00 RADIOLOGY-DIAGNOSTIC	24,006	52,963	24,006	0	10,764	54.00
54.01 ULTRASOUND	5,498	42,368	5,498	0	1,214	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	9,780	2,646	9,780	0	6,206	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	400	0	400	0	234	63.00
65.00 RESPIRATORY THERAPY	624	0	624	0	1,818	65.00
66.00 PHYSICAL THERAPY	7,169	35,028	7,169	0	3,285	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,000	42,200	1,000	0	1,355	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,666	1,187	1,666	0	212	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	6,420	46,512	6,420	0	5,322	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,495	0	1,495	0	351	90.00
90.01 HOMER GLEN LAB	0	0	0	0	472	90.01
90.02 HOMER GLEN FEC	6,272	0	6,272	0	1,057	90.02
90.03 WOMEN'S HEALTH	0	0	0	0	874	90.03
91.00 EMERGENCY	28,400	125,770	28,400	0	7,492	91.00
91.01 OP MENTAL HEALTH	4,195	0	4,195	0	375	91.01
91.02 DIABETES CENTER	1,245	0	1,245	0	1,093	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	147	94.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	292,534	1,736,140	287,783	292,191	105,456	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,476	0	5,476	0	40	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,540	0	1,540	0	0	192.00
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)	11,178,919	594,644	4,217,923	1,647,198	2,756,064	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	37.319042	0.342509	14.307793	5.637402	26.124820	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	648,111	74,126	177,487	343,447	371,345	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.163615	0.042696	0.602061	1.175420	3.519991	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	978,128					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	17,036,707				14.00
15.00	PHARMACY	0	140,702	2,550,919			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	22,927	0	38,911		16.00
17.00	SOCIAL SERVICE	0	0	0	0	2,816	17.00
23.00	PARAMED ED PRGM	0	133,603	27,958	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	545,945	1,039,124	15,888	15,399	2,446	30.00
31.00	INTENSIVE CARE UNIT	87,135	225,754	5,229	4,740	150	31.00
40.00	SUBPROVIDER - IPF	0	18,169	6	1,237	0	40.00
41.00	SUBPROVIDER - IRF	56,704	55,547	208	1,203	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	94,064	98,328	1,984	1,663	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	964,768	3,618	0	0	50.00
51.00	RECOVERY ROOM	0	39,231	10	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,295	146,374	907	0	0	52.00
53.00	ANESTHESIOLOGY	0	167,115	150,927	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	738,344	37,143	0	0	54.00
54.01	ULTRASOUND	0	63,527	283	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	2,032,125	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	132,319	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	187,827	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	40,737	281	3,582	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	30,219	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,281	0	832	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,396,034	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	110,689	1,186,258	2,115,910	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	25,560	0	157	35	90.00
90.01	HOMER GLEN LAB	0	127,330	0	0	0	90.01
90.02	HOMER GLEN FEC	0	66,921	1,557	0	0	90.02
90.03	WOMEN'S HEALTH	0	49,492	370	0	0	90.03
91.00	EMERGENCY	0	477,317	8,303	10,098	185	91.00
91.01	OP MENTAL HEALTH	0	4,310	0	0	0	91.01
91.02	DIABETES CENTER	22,728	3,594	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	382,096	178,713	0	0	94.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	42,568	36,774	1,624	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	978,128	17,036,707	2,550,919	38,911	2,816	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	(DIRECT NURSING HRS)	(COSTED REQUIS.)		(TIME SPENT)	(TIME SPENT)	
	13.00	14.00	15.00	16.00	17.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	2,273,469	1,892,472	5,780,709	3,733,812	386,370	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.324306	0.111082	2.266128	95.957750	137.205256	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	133,314	411,647	219,598	309,601	9,239	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.136295	0.024162	0.086086	7.956645	3.280895	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
23.00	PARAMED PRGM	614	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	30.00
31.00	INTENSIVE CARE UNIT	49	31.00
40.00	SUBPROVIDER - I PF	0	40.00
41.00	SUBPROVIDER - I RF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
51.00	RECOVERY ROOM	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	ULTRASOUND	0	54.01
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
60.01	BLOOD LABORATORY	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	30	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	24	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.01	HOMER GLEN LAB	0	90.01
90.02	HOMER GLEN FEC	0	90.02
90.03	WOMEN'S HEALTH	0	90.03
91.00	EMERGENCY	511	91.00
91.01	OP MENTAL HEALTH	0	91.01
91.02	DIABETES CENTER	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
99.10	CORF	0	99.10
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	614	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
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)	879,733	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/22/2012 10:05 pm

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)		
203.00 Unit cost multiplier (Wkst. B, Part I)	23.00		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,432.789902		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	77.201		205.00
	125.734528		205.00

Provider CCN: 140213

Period:
 From 10/01/2010
 To 09/30/2011

Worksheet B-2

Date/Time Prepared:
 3/22/2012 10:05 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	-2,294,623	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	-178,713	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 3/22/2012 10:05 pm		
		Title XVII	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	ADULTS & PEDIATRICS		41,030,484	0	41,030,484	30.00
31.00	INTENSIVE CARE UNIT		7,961,960	8,454	7,970,414	31.00
40.00	SUBPROVIDER - 1PF		2,413,067	20,287	2,433,354	40.00
41.00	SUBPROVIDER - 1RF		4,798,006	0	4,798,006	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		2,321,467	0	2,321,467	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		16,375,045	2,500	16,377,545	50.00
51.00	RECOVERY ROOM		1,974,449	0	1,974,449	51.00
52.00	DELIVERY ROOM & LABOR ROOM		4,508,543	0	4,508,543	52.00
53.00	ANESTHESIOLOGY		1,313,978	0	1,313,978	53.00
54.00	RADIOLOGY-DIAGNOSTIC		16,976,135	0	16,976,135	54.00
54.01	ULTRASOUND		2,294,518	0	2,294,518	54.01
57.00	CT SCAN		1,964,629	0	1,964,629	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,284,516	0	1,284,516	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		10,612,139	10,394	10,622,533	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.		1,995,302	0	1,995,302	63.00
65.00	RESPIRATORY THERAPY	0	2,314,748	8,995	2,323,743	65.00
66.00	PHYSICAL THERAPY	0	5,370,944	0	5,370,944	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		1,756,506	0	1,756,506	69.00
70.00	ELECTROENCEPHALOGRAPHY		407,137	0	407,137	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,958,378	0	10,958,378	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		15,671,365	0	15,671,365	72.00
73.00	DRUGS CHARGED TO PATIENTS		10,529,763	0	10,529,763	73.00
74.00	RENAL DIALYSIS		14,114,581	50,186	14,164,767	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	978,609	978,609	0	978,609	90.00
90.01	HOMER GLEN LAB	858,336	858,336	0	858,336	90.01
90.02	HOMER GLEN FEC	2,371,718	2,371,718	0	2,371,718	90.02
90.03	WOMEN'S HEALTH	1,708,272	1,708,272	0	1,708,272	90.03
91.00	EMERGENCY	13,505,275	13,505,275	22,771	13,528,046	91.00
91.01	OP MENTAL HEALTH	1,019,917	1,019,917	0	1,019,917	91.01
91.02	DIABETES CENTER	504,752	504,752	59	504,811	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,291,218	4,291,218	0	4,291,218	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	1,200,692	1,200,692	0	1,200,692	94.00
99.10	CORF	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	3,378,025	3,378,025	0	3,378,025	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	208,764,474	208,764,474	123,646	208,888,120	200.00
201.00	Less Observation Beds	4,291,218	4,291,218	0	4,291,218	201.00
202.00	Total (see instructions)	204,473,256	204,473,256	123,646	204,596,902	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 3/22/2012 10:05 pm	
			Title XVII	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	ADULTS & PEDIATRICS	44,605,804		44,605,804		30.00
31.00	INTENSIVE CARE UNIT	8,487,217		8,487,217		31.00
40.00	SUBPROVIDER - IPF	3,655,660		3,655,660		40.00
41.00	SUBPROVIDER - IRF	3,898,332		3,898,332		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	4,907,472		4,907,472		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	34,735,955	54,871,497	89,607,452	0.182742	50.00
51.00	RECOVERY ROOM	4,185,352	6,284,757	10,470,109	0.188580	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,848,956	652,514	5,501,470	0.819516	52.00
53.00	ANESTHESIOLOGY	9,051,250	10,920,792	19,972,042	0.065791	53.00
54.00	RADIOLOGY-DIAGNOSTIC	27,918,895	49,033,801	76,952,696	0.220605	54.00
54.01	ULTRASOUND	5,363,277	13,257,238	18,620,515	0.123225	54.01
57.00	CT SCAN	16,917,519	35,921,368	52,838,887	0.037181	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,793,076	13,879,455	19,672,531	0.065295	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	51,536,582	78,534,206	130,070,788	0.081587	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	5,430,048	1,906,390	7,336,438	0.271971	63.00
65.00	RESPIRATORY THERAPY	15,460,022	2,102,778	17,562,800	0.131798	65.00
66.00	PHYSICAL THERAPY	6,619,094	8,595,063	15,214,157	0.353023	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	7,755,204	5,391,201	13,146,405	0.133611	69.00
70.00	ELECTROENCEPHALOGRAPHY	680,746	1,158,254	1,839,000	0.221390	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,442,771	11,254,232	31,697,003	0.345723	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	19,232,367	9,285,840	28,518,207	0.549521	72.00
73.00	DRUGS CHARGED TO PATIENTS	32,454,313	15,581,236	48,035,549	0.219208	73.00
74.00	RENAL DIALYSIS	2,957,152	45,613,808	48,570,960	0.290597	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	696	462,083	462,779	2.114636	90.00
90.01	HOMER GLEN LAB	339,171	3,473,988	3,813,159	0.225098	90.01
90.02	HOMER GLEN FEC	592,129	8,255,192	8,847,321	0.268072	90.02
90.03	WOMEN'S HEALTH	0	4,057,830	4,057,830	0.420982	90.03
91.00	EMERGENCY	14,848,365	41,839,245	56,687,610	0.238240	91.00
91.01	OP MENTAL HEALTH	545	661,319	661,864	1.540977	91.01
91.02	DIABETES CENTER	45,395	296,996	342,391	1.474198	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	932,306	4,219,759	5,152,065	0.832912	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	46,907	6,139,228	6,186,135	0.194094	94.00
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	4,492,746	4,492,746		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	353,742,578	438,142,816	791,885,394		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	353,742,578	438,142,816	791,885,394		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 3/22/2012 10:05 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.182770		50.00
51.00	RECOVERY ROOM	0.188580		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.819516		52.00
53.00	ANESTHESIOLOGY	0.065791		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.220605		54.00
54.01	ULTRASOUND	0.123225		54.01
57.00	CT SCAN	0.037181		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.065295		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.081667		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.271971		63.00
65.00	RESPIRATORY THERAPY	0.132311		65.00
66.00	PHYSICAL THERAPY	0.353023		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.133611		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.221390		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.345723		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.549521		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.219208		73.00
74.00	RENAL DIALYSIS	0.291630		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	2.114636		90.00
90.01	HOMER GLEN LAB	0.225098		90.01
90.02	HOMER GLEN FEC	0.268072		90.02
90.03	WOMEN'S HEALTH	0.420982		90.03
91.00	EMERGENCY	0.238642		91.00
91.01	OP MENTAL HEALTH	1.540977		91.01
91.02	DIABETES CENTER	1.474370		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.832912		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.194094		94.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part I Date/Time Prepared: 3/22/2012 10:05 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,694,295	0	3,694,295	53,028	69.67	30.00
31.00 INTENSIVE CARE UNIT	678,850	0	678,850	4,163	163.07	31.00
40.00 SUBPROVIDER - IPF	285,380	0	285,380	3,669	77.78	40.00
41.00 SUBPROVIDER - IRF	448,747	0	448,747	4,460	100.62	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	204,821		204,821	4,433	46.20	43.00
200.00 Total (lines 30-199)	5,312,093		5,312,093	69,753		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part I Date/Time Prepared: 3/22/2012 10:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	26,127	1,820,268		30.00
31.00 INTENSIVE CARE UNIT	2,285	372,615		31.00
40.00 SUBPROVIDER - IPF	1,242	96,603		40.00
41.00 SUBPROVIDER - IRF	3,447	346,837		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	33,101	2,636,323		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 3/22/2012 10:05 pm
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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	OPERATING ROOM	1,887,254	89,607,452	0.021061	11,261,167	237,171	50.00
51.00	RECOVERY ROOM	139,880	10,470,109	0.013360	1,121,932	14,989	51.00
52.00	DELIVERY ROOM & LABOR ROOM	574,921	5,501,470	0.104503	8,344	872	52.00
53.00	ANESTHESIOLOGY	112,159	19,972,042	0.005616	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,951,765	76,952,696	0.038358	27,100,721	1,039,529	54.00
54.01	ULTRASOUND	271,130	18,620,515	0.014561	3,138,983	45,707	54.01
57.00	CT SCAN	40,597	52,838,887	0.000768	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	26,543	19,672,531	0.001349	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	604,934	130,070,788	0.004651	30,320,684	141,022	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	60,003	7,336,438	0.008179	2,767,546	22,636	63.00
65.00	RESPIRATORY THERAPY	115,484	17,562,800	0.006575	9,910,248	65,160	65.00
66.00	PHYSICAL THERAPY	384,191	15,214,157	0.025252	3,100,284	78,288	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	168,774	13,146,405	0.012838	4,930,494	63,298	69.00
70.00	ELECTROENCEPHALOGRAPHY	61,864	1,839,000	0.033640	394,933	13,286	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	410,042	31,697,003	0.012936	14,713,125	190,329	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	323,834	28,518,207	0.011355	7,756,382	88,074	72.00
73.00	DRUGS CHARGED TO PATIENTS	331,165	48,035,549	0.006894	17,302,000	119,280	73.00
74.00	RENAL DIALYSIS	759,052	48,570,960	0.015628	2,131,699	33,314	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	67,191	462,779	0.145190	224	33	90.00
90.01	HOMER GLEN LAB	192,728	3,813,159	0.050543	147,450	7,453	90.01
90.02	HOMER GLEN FEC	95,283	8,847,321	0.010770	235,615	2,538	90.02
90.03	WOMEN'S HEALTH	295,953	4,057,830	0.072934	0	0	90.03
91.00	EMERGENCY	1,482,441	56,687,610	0.026151	8,616,098	225,320	91.00
91.01	OP MENTAL HEALTH	145,177	661,864	0.219346	0	0	91.01
91.02	DIABETES CENTER	53,171	342,391	0.155293	17,131	2,660	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	386,373	5,152,065	0.074994	488,428	36,629	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	44,396	6,186,135	0.007177	0	0	94.00
200.00	Total (lines 50-199)	11,986,305	721,838,163		145,463,488	2,427,588	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 3/22/2012 10:05 pm	
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	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	70,207	0	70,207	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	70,207	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part III Date/Time Prepared: 3/22/2012 10:05 pm
Title XVIII		Hospital	PPS

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	53,028	0.00	26,127	0	0	30.00
31.00 INTENSIVE CARE UNIT	4,163	16.86	2,285	38,525	0	31.00
40.00 SUBPROVIDER - IPF	3,669	0.00	1,242	0	0	40.00
41.00 SUBPROVIDER - IRF	4,460	0.00	3,447	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	4,433	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	69,753		33,101	38,525	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part III Date/Time Prepared: 3/22/2012 10:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	42,984	42,984	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	34,387	34,387	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 HOMER GLEN LAB	0	0	0	0	0	0	0	90.01
90.02 HOMER GLEN FEC	0	0	0	0	0	0	0	90.02
90.03 WOMEN'S HEALTH	0	0	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	0	732,155	732,155	0	91.00
91.01 OP MENTAL HEALTH	0	0	0	0	0	0	0	91.01
91.02 DIABETES CENTER	0	0	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
200.00 Total (Lines 50-199)	0	0	0	0	0	809,526	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
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Cost Center Description	Title XVIII					
	Hospital			PPS		
	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 OPERATING ROOM	0	89,607,452	0.000000	0.000000	11,261,167	50.00
51.00 RECOVERY ROOM	0	10,470,109	0.000000	0.000000	1,121,932	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,501,470	0.000000	0.000000	8,344	52.00
53.00 ANESTHESIOLOGY	0	19,972,042	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	76,952,696	0.000000	0.000000	27,100,721	54.00
54.01 ULTRASOUND	0	18,620,515	0.000000	0.000000	3,138,983	54.01
57.00 CT SCAN	0	52,838,887	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	19,672,531	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	130,070,788	0.000000	0.000000	30,320,684	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	7,336,438	0.000000	0.000000	2,767,546	63.00
65.00 RESPIRATORY THERAPY	42,984	17,562,800	0.002447	0.002447	9,910,248	65.00
66.00 PHYSICAL THERAPY	0	15,214,157	0.000000	0.000000	3,100,284	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	34,387	13,146,405	0.002616	0.002616	4,930,494	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,839,000	0.000000	0.000000	394,933	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,697,003	0.000000	0.000000	14,713,125	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	28,518,207	0.000000	0.000000	7,756,382	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	48,035,549	0.000000	0.000000	17,302,000	73.00
74.00 RENAL DIALYSIS	0	48,570,960	0.000000	0.000000	2,131,699	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	462,779	0.000000	0.000000	224	90.00
90.01 HOMER GLEN LAB	0	3,813,159	0.000000	0.000000	147,450	90.01
90.02 HOMER GLEN FEC	0	8,847,321	0.000000	0.000000	235,615	90.02
90.03 WOMEN'S HEALTH	0	4,057,830	0.000000	0.000000	0	90.03
91.00 EMERGENCY	732,155	56,687,610	0.012916	0.012916	8,616,098	91.00
91.01 OP MENTAL HEALTH	0	661,864	0.000000	0.000000	0	91.01
91.02 DIABETES CENTER	0	342,391	0.000000	0.000000	17,131	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,152,065	0.000000	0.000000	488,428	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	6,186,135	0.000000	0.000000	0	94.00
200.00 Total (lines 50-199)	809,526	721,838,163			145,463,488	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/22/2012 10:06 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	9,322,240	0	0	0	50.00
51.00	RECOVERY ROOM	0	480,521	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	4,595	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	19,927,968	0	0	0	54.00
54.01	ULTRASOUND	0	1,603,852	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	6,132,746	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	518,767	0	0	0	63.00
65.00	RESPIRATORY THERAPY	24,250	361,921	886	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	12,898	1,241,895	3,249	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	183,857	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,989,744	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	3,961,772	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,135,954	0	0	0	73.00
74.00	RENAL DIALYSIS	0	3,570,274	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	151,431	0	0	0	90.00
90.01	HOMER GLEN LAB	0	509,262	0	0	0	90.01
90.02	HOMER GLEN FEC	0	704,531	0	0	0	90.02
90.03	WOMEN'S HEALTH	0	756,915	0	0	0	90.03
91.00	EMERGENCY	111,286	4,603,265	59,456	0	0	91.00
91.01	OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02	DIABETES CENTER	0	52,988	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	843,097	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (Lines 50-199)	148,434	68,057,595	63,591	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 ULTRASOUND	0	0		54.01
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
90.01 HOMER GLEN LAB	0	0		90.01
90.02 HOMER GLEN FEC	0	0		90.02
90.03 WOMEN'S HEALTH	0	0		90.03
91.00 EMERGENCY	0	0		91.00
91.01 OP MENTAL HEALTH	0	0		91.01
91.02 DIABETES CENTER	0	0		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/22/2012 10:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.182742	9,322,240	0	0	50.00
51.00	RECOVERY ROOM	0.188580	480,521	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.819516	4,595	0	0	52.00
53.00	ANESTHESIOLOGY	0.065791	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.220605	19,927,968	59	0	54.00
54.01	ULTRASOUND	0.123225	1,603,852	0	0	54.01
57.00	CT SCAN	0.037181	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.065295	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.081587	6,132,746	3,294	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.271971	518,767	8,050	0	63.00
65.00	RESPIRATORY THERAPY	0.131798	361,921	0	0	65.00
66.00	PHYSICAL THERAPY	0.353023	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.133611	1,241,895	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.221390	183,857	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.345723	6,989,744	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.549521	3,961,772	102,180	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.219208	6,135,954	57,464	22,998	73.00
74.00	RENAL DIALYSIS	0.290597	3,570,274	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	2.114636	151,431	0	0	90.00
90.01	HOMER GLEN LAB	0.225098	509,262	0	0	90.01
90.02	HOMER GLEN FEC	0.268072	704,531	0	0	90.02
90.03	WOMEN'S HEALTH	0.420982	756,915	0	0	90.03
91.00	EMERGENCY	0.238240	4,603,265	-3,939	0	91.00
91.01	OP MENTAL HEALTH	1.540977	0	0	0	91.01
91.02	DIABETES CENTER	1.474198	52,988	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.832912	843,097	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.194094		0		94.00
200.00	Subtotal (see instructions)		68,057,595	167,108	22,998	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		68,057,595	167,108	22,998	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/22/2012 10:05 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,703,565	0	0		50.00
51.00 RECOVERY ROOM	90,617	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,766	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,396,209	13	0		54.00
54.01 ULTRASOUND	197,635	0	0		54.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	500,352	269	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	141,090	2,189	0		63.00
65.00 RESPIRATORY THERAPY	47,700	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	165,931	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	40,704	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,416,515	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	2,177,077	56,150	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,345,050	12,597	5,041		73.00
74.00 RENAL DIALYSIS	1,037,511	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	320,221	0	0		90.00
90.01 HOMER GLEN LAB	114,634	0	0		90.01
90.02 HOMER GLEN FEC	188,865	0	0		90.02
90.03 WOMEN'S HEALTH	318,648	0	0		90.03
91.00 EMERGENCY	1,096,682	-938	0		91.00
91.01 OP MENTAL HEALTH	0	0	0		91.01
91.02 DIABETES CENTER	78,115	0	0		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	702,226	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
200.00 Subtotal (see instructions)	17,083,113	70,280	5,041		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	17,083,113	70,280	5,041		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140213 Component CCN: 14S213		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part II Date/Time Prepared: 3/22/2012 10:05 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,887,254	89,607,452	0.021061	0	0	50.00
51.00	RECOVERY ROOM	139,880	10,470,109	0.013360	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	574,921	5,501,470	0.104503	0	0	52.00
53.00	ANESTHESIOLOGY	112,159	19,972,042	0.005616	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,951,765	76,952,696	0.038358	46,854	1,797	54.00
54.01	ULTRASOUND	271,130	18,620,515	0.014561	5,263	77	54.01
57.00	CT SCAN	40,597	52,838,887	0.000768	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	26,543	19,672,531	0.001349	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	604,934	130,070,788	0.004651	383,009	1,781	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	60,003	7,336,438	0.008179	0	0	63.00
65.00	RESPIRATORY THERAPY	115,484	17,562,800	0.006575	20,055	132	65.00
66.00	PHYSICAL THERAPY	384,191	15,214,157	0.025252	9,956	251	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	168,774	13,146,405	0.012838	14,344	184	69.00
70.00	ELECTROENCEPHALOGRAPHY	61,864	1,839,000	0.033640	2,005	67	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	410,042	31,697,003	0.012936	1,737	22	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	323,834	28,518,207	0.011355	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	331,165	48,035,549	0.006894	243,741	1,680	73.00
74.00	RENAL DIALYSIS	759,052	48,570,960	0.015628	4,142	65	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	67,191	462,779	0.145190	0	0	90.00
90.01	HOMER GLEN LAB	192,728	3,813,159	0.050543	0	0	90.01
90.02	HOMER GLEN FEC	95,283	8,847,321	0.010770	0	0	90.02
90.03	WOMEN'S HEALTH	295,953	4,057,830	0.072934	0	0	90.03
91.00	EMERGENCY	1,482,441	56,687,610	0.026151	253,852	6,638	91.00
91.01	OP MENTAL HEALTH	145,177	661,864	0.219346	0	0	91.01
91.02	DIABETES CENTER	53,171	342,391	0.155293	168	26	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	386,373	5,152,065	0.074994	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	44,396	6,186,135	0.007177	0	0	94.00
200.00	Total (lines 50-199)	11,986,305	721,838,163		985,126	12,720	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	42,984	42,984	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	34,387	34,387	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 HOMER GLEN LAB	0	0	0	0	0	90.01
90.02 HOMER GLEN FEC	0	0	0	0	0	90.02
90.03 WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	732,155	732,155	91.00
91.01 OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02 DIABETES CENTER	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (Lines 50-199)	0	0	0	0	809,526	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
	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 OPERATING ROOM	0	89,607,452	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	10,470,109	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,501,470	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	19,972,042	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	76,952,696	0.000000	0.000000	46,854	54.00
54.01 ULTRASOUND	0	18,620,515	0.000000	0.000000	5,263	54.01
57.00 CT SCAN	0	52,838,887	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	19,672,531	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	130,070,788	0.000000	0.000000	383,009	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	7,336,438	0.000000	0.000000	0	63.00
65.00 RESPIRATORY THERAPY	42,984	17,562,800	0.002447	0.002447	20,055	65.00
66.00 PHYSICAL THERAPY	0	15,214,157	0.000000	0.000000	9,956	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	34,387	13,146,405	0.002616	0.002616	14,344	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,839,000	0.000000	0.000000	2,005	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,697,003	0.000000	0.000000	1,737	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	28,518,207	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	48,035,549	0.000000	0.000000	243,741	73.00
74.00 RENAL DIALYSIS	0	48,570,960	0.000000	0.000000	4,142	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	462,779	0.000000	0.000000	0	90.00
90.01 HOMER GLEN LAB	0	3,813,159	0.000000	0.000000	0	90.01
90.02 HOMER GLEN FEC	0	8,847,321	0.000000	0.000000	0	90.02
90.03 WOMEN'S HEALTH	0	4,057,830	0.000000	0.000000	0	90.03
91.00 EMERGENCY	732,155	56,687,610	0.012916	0.012916	253,852	91.00
91.01 OP MENTAL HEALTH	0	661,864	0.000000	0.000000	0	91.01
91.02 DIABETES CENTER	0	342,391	0.000000	0.000000	168	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,152,065	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	6,186,135	0.000000	0.000000	0	94.00
200.00 Total (lines 50-199)	809,526	721,838,163			985,126	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	49	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	38	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 HOMER GLEN LAB	0	0	0	0	0	90.01
90.02 HOMER GLEN FEC	0	0	0	0	0	90.02
90.03 WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00 EMERGENCY	3,279	0	0	0	0	91.00
91.01 OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02 DIABETES CENTER	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (lines 50-199)	3,366	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 ULTRASOUND	0	0	54.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 HOMER GLEN LAB	0	0	90.01
90.02 HOMER GLEN FEC	0	0	90.02
90.03 WOMEN'S HEALTH	0	0	90.03
91.00 EMERGENCY	0	0	91.00
91.01 OP MENTAL HEALTH	0	0	91.01
91.02 DIABETES CENTER	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 3/22/2012 10:06 pm
		Component CCN: 14T213	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,887,254	89,607,452	0.021061	33,787	712	50.00
51.00 RECOVERY ROOM	139,880	10,470,109	0.013360	2,840	38	51.00
52.00 DELIVERY ROOM & LABOR ROOM	574,921	5,501,470	0.104503	0	0	52.00
53.00 ANESTHESIOLOGY	112,159	19,972,042	0.005616	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,951,765	76,952,696	0.038358	184,839	7,090	54.00
54.01 ULTRASOUND	271,130	18,620,515	0.014561	78,148	1,138	54.01
57.00 CT SCAN	40,597	52,838,887	0.000768	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	26,543	19,672,531	0.001349	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 LABORATORY	604,934	130,070,788	0.004651	640,642	2,980	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	60,003	7,336,438	0.008179	28,116	230	63.00
65.00 RESPIRATORY THERAPY	115,484	17,562,800	0.006575	380,352	2,501	65.00
66.00 PHYSICAL THERAPY	384,191	15,214,157	0.025252	1,629,499	41,148	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 ELECTROCARDIOLOGY	168,774	13,146,405	0.012838	21,867	281	69.00
70.00 ELECTROENCEPHALOGRAPHY	61,864	1,839,000	0.033640	3,703	125	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	410,042	31,697,003	0.012936	164,681	2,130	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	323,834	28,518,207	0.011355	1,855	21	72.00
73.00 DRUGS CHARGED TO PATIENTS	331,165	48,035,549	0.006894	765,643	5,278	73.00
74.00 RENAL DIALYSIS	759,052	48,570,960	0.015628	87,274	1,364	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	67,191	462,779	0.145190	0	0	90.00
90.01 HOMER GLEN LAB	192,728	3,813,159	0.050543	0	0	90.01
90.02 HOMER GLEN FEC	95,283	8,847,321	0.010770	0	0	90.02
90.03 WOMEN'S HEALTH	295,953	4,057,830	0.072934	0	0	90.03
91.00 EMERGENCY	1,482,441	56,687,610	0.026151	0	0	91.00
91.01 OP MENTAL HEALTH	145,177	661,864	0.219346	0	0	91.01
91.02 DIABETES CENTER	53,171	342,391	0.155293	954	148	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	386,373	5,152,065	0.074994	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	44,396	6,186,135	0.007177	0	0	94.00
200.00 Total (lines 50-199)	11,986,305	721,838,163		4,024,200	65,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	42,984	42,984	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	34,387	34,387	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 HOMER GLEN LAB	0	0	0	0	0	90.01
90.02 HOMER GLEN FEC	0	0	0	0	0	90.02
90.03 WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	732,155	732,155	91.00
91.01 OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02 DIABETES CENTER	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (Lines 50-199)	0	0	0	0	809,526	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
	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 OPERATING ROOM	0	89,607,452	0.000000	0.000000	33,787	50.00
51.00 RECOVERY ROOM	0	10,470,109	0.000000	0.000000	2,840	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,501,470	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	19,972,042	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	76,952,696	0.000000	0.000000	184,839	54.00
54.01 ULTRASOUND	0	18,620,515	0.000000	0.000000	78,148	54.01
57.00 CT SCAN	0	52,838,887	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	19,672,531	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	130,070,788	0.000000	0.000000	640,642	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	7,336,438	0.000000	0.000000	28,116	63.00
65.00 RESPIRATORY THERAPY	42,984	17,562,800	0.002447	0.002447	380,352	65.00
66.00 PHYSICAL THERAPY	0	15,214,157	0.000000	0.000000	1,629,499	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	34,387	13,146,405	0.002616	0.002616	21,867	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,839,000	0.000000	0.000000	3,703	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,697,003	0.000000	0.000000	164,681	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	28,518,207	0.000000	0.000000	1,855	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	48,035,549	0.000000	0.000000	765,643	73.00
74.00 RENAL DIALYSIS	0	48,570,960	0.000000	0.000000	87,274	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	462,779	0.000000	0.000000	0	90.00
90.01 HOMER GLEN LAB	0	3,813,159	0.000000	0.000000	0	90.01
90.02 HOMER GLEN FEC	0	8,847,321	0.000000	0.000000	0	90.02
90.03 WOMEN'S HEALTH	0	4,057,830	0.000000	0.000000	0	90.03
91.00 EMERGENCY	732,155	56,687,610	0.012916	0.012916	0	91.00
91.01 OP MENTAL HEALTH	0	661,864	0.000000	0.000000	0	91.01
91.02 DIABETES CENTER	0	342,391	0.000000	0.000000	954	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,152,065	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	6,186,135	0.000000	0.000000	0	94.00
200.00 Total (lines 50-199)	809,526	721,838,163			4,024,200	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	931	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	57	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 HOMER GLEN LAB	0	0	0	0	0	90.01
90.02 HOMER GLEN FEC	0	0	0	0	0	90.02
90.03 WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	0	0	91.00
91.01 OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02 DIABETES CENTER	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (lines 50-199)	988	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/22/2012 10:06 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 ULTRASOUND	0	0	54.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 HOMER GLEN LAB	0	0	90.01
90.02 HOMER GLEN FEC	0	0	90.02
90.03 WOMEN'S HEALTH	0	0	90.03
91.00 EMERGENCY	0	0	91.00
91.01 OP MENTAL HEALTH	0	0	91.01
91.02 DIABETES CENTER	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/22/2012 10:05 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		53,028	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,028	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		53,028	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)		26,127	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)		41,030,484	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)		41,030,484	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		44,605,804	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		44,605,804	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.919846	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)		841.17	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)		41,030,484	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)		773.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,215,766	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)		20,215,766	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 3/22/2012 10:05 pm	
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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,970,414	4,163	1,914.58	2,285	4,374,815		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,371,201		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,961,782		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)					2,231,408		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,576,022		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,807,430		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,154,352		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)					5,546		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.75		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,291,218		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/22/2012 10:05 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,694,295	41,030,484	0.090038	4,291,218	386,373	90.00
91.00	Nursing School cost	0	41,030,484	0.000000	4,291,218	0	91.00
92.00	Allied health cost	0	41,030,484	0.000000	4,291,218	0	92.00
93.00	All other Medical Education	0	41,030,484	0.000000	4,291,218	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN: 14S213		Date/Time Prepared: 3/22/2012 10:05 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,669	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,669	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,669	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)		1,242	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,433,354	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,433,354	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,655,660	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,655,660	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.665640	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)		996.36	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,433,354	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)		663.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		823,719	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)		823,719	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1		
		Component CCN: 14S213				Date/Time Prepared: 3/22/2012 10:05 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					166,860		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					990,579		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)					96,603		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,086		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					112,689		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					877,890		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: 140213 Component CCN: 14S213		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/22/2012 10:05 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	285,380	2,433,354	0.117278	0	0	90.00
91.00	Nursing School cost	0	2,433,354	0.000000	0	0	91.00
92.00	Allied health cost	0	2,433,354	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,433,354	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN: 14T213		Date/Time Prepared: 3/22/2012 10:06 pm
		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)		4,460	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,460	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,460	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)		3,447	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,798,006	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)		4,798,006	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,898,332	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,898,332	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.230784	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)		874.07	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)		4,798,006	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,075.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,708,248	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,708,248	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1	
		Component CCN: 14T213				Date/Time Prepared: 3/22/2012 10:06 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					999,048		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,707,296		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)					346,837		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					66,172		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					413,009		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,294,287		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: 140213 Component CCN: 14T213		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/22/2012 10:06 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	448,747	4,798,006	0.093528	0	0	90.00
91.00	Nursing School cost	0	4,798,006	0.000000	0	0	91.00
92.00	Allied health cost	0	4,798,006	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,798,006	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 3/22/2012 10:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		25,036,959		30.00
31.00	INTENSIVE CARE UNIT		4,177,461		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.182770	11,261,167	2,058,203	50.00
51.00	RECOVERY ROOM	0.188580	1,121,932	211,574	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.819516	8,344	6,838	52.00
53.00	ANESTHESIOLOGY	0.065791	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.220605	27,100,721	5,978,555	54.00
54.01	ULTRASOUND	0.123225	3,138,983	386,801	54.01
57.00	CT SCAN	0.037181	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.065295	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.081667	30,320,684	2,476,199	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.271971	2,767,546	752,692	63.00
65.00	RESPIRATORY THERAPY	0.132311	9,910,248	1,311,235	65.00
66.00	PHYSICAL THERAPY	0.353023	3,100,284	1,094,472	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.133611	4,930,494	658,768	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.221390	394,933	87,434	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.345723	14,713,125	5,086,666	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.549521	7,756,382	4,262,295	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.219208	17,302,000	3,792,737	73.00
74.00	RENAL DIALYSIS	0.291630	2,131,699	621,667	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.114636	224	474	90.00
90.01	HOMER GLEN LAB	0.225098	147,450	33,191	90.01
90.02	HOMER GLEN FEC	0.268072	235,615	63,162	90.02
90.03	WOMEN'S HEALTH	0.420982	0	0	90.03
91.00	EMERGENCY	0.238642	8,616,098	2,056,163	91.00
91.01	OP MENTAL HEALTH	1.540977	0	0	91.01
91.02	DIABETES CENTER	1.474370	17,131	25,257	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.832912	488,428	406,818	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.194094	0	0	94.00
200.00	Total (sum of lines 50-94 and 96-98)		145,463,488	31,371,201	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		145,463,488		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 3/22/2012 10:05 pm	
		Title XVIIII	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	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		1,245,974		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.182770	0	0	50.00
51.00	RECOVERY ROOM	0.188580	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.819516	0	0	52.00
53.00	ANESTHESIOLOGY	0.065791	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.220605	46,854	10,336	54.00
54.01	ULTRASOUND	0.123225	5,263	649	54.01
57.00	CT SCAN	0.037181	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.065295	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.081667	383,009	31,279	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.271971	0	0	63.00
65.00	RESPIRATORY THERAPY	0.132311	20,055	2,653	65.00
66.00	PHYSICAL THERAPY	0.353023	9,956	3,515	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.133611	14,344	1,917	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.221390	2,005	444	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.345723	1,737	601	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.549521	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.219208	243,741	53,430	73.00
74.00	RENAL DIALYSIS	0.291630	4,142	1,208	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.114636	0	0	90.00
90.01	HOMER GLEN LAB	0.225098	0	0	90.01
90.02	HOMER GLEN FEC	0.268072	0	0	90.02
90.03	WOMEN'S HEALTH	0.420982	0	0	90.03
91.00	EMERGENCY	0.238642	253,852	60,580	91.00
91.01	OP MENTAL HEALTH	1.540977	0	0	91.01
91.02	DIABETES CENTER	1.474370	168	248	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.832912	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.194094	0	0	94.00
200.00	Total (sum of lines 50-94 and 96-98)		985,126	166,860	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)		985,126		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3	
		Component CCN: 14T213		Date/Time Prepared: 3/22/2012 10:05 pm	
		Title XVIIII	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	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		3,012,625		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.182770	33,787	6,175	50.00
51.00	RECOVERY ROOM	0.188580	2,840	536	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.819516	0	0	52.00
53.00	ANESTHESIOLOGY	0.065791	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.220605	184,839	40,776	54.00
54.01	ULTRASOUND	0.123225	78,148	9,630	54.01
57.00	CT SCAN	0.037181	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.065295	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.081667	640,642	52,319	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.271971	28,116	7,647	63.00
65.00	RESPIRATORY THERAPY	0.132311	380,352	50,325	65.00
66.00	PHYSICAL THERAPY	0.353023	1,629,499	575,251	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.133611	21,867	2,922	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.221390	3,703	820	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.345723	164,681	56,934	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.549521	1,855	1,019	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.219208	765,643	167,835	73.00
74.00	RENAL DIALYSIS	0.291630	87,274	25,452	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.114636	0	0	90.00
90.01	HOMER GLEN LAB	0.225098	0	0	90.01
90.02	HOMER GLEN FEC	0.268072	0	0	90.02
90.03	WOMEN'S HEALTH	0.420982	0	0	90.03
91.00	EMERGENCY	0.238642	0	0	91.00
91.01	OP MENTAL HEALTH	1.540977	0	0	91.01
91.02	DIABETES CENTER	1.474370	954	1,407	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.832912	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.194094	0	0	94.00
200.00	Total (sum of lines 50-94 and 96-98)		4,024,200	999,048	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)		4,024,200		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/22/2012 10:05 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		43,590,592	1.00
2.00	Outlier payments for discharges. (see instructions)		494,005	2.00
3.00	Managed Care Simulated Payments		836,913	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		251.81	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.60	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		17.20	31.00
32.00	Sum of lines 30 and 31		20.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.38	33.00
34.00	Disproportionate share adjustment (see instructions)		2,781,080	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		46,865,677	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)		46,865,677	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/22/2012 10:05 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,845,848	1.01	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	38,525		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	148,434		58.00
59.00	Total (sum of amounts on lines 49 through 58)	50,898,484		59.00
60.00	Primary payer payments	23,618		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	50,874,866		61.00
62.00	Deductibles billed to program beneficiaries	4,831,216		62.00
63.00	Coinsurance billed to program beneficiaries	171,512		63.00
64.00	Allowable bad debts (see instructions)	956,339		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	669,437		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	697,800		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	46,541,575		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	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	46,541,575		71.00
72.00	Interim payments	46,461,132		72.00
73.00	Tentative settlement (for contractor use only)	0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	80,443		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/22/2012 10:05 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		75,321	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,019,522	2.00
3.00	PPS payments		15,023,440	3.00
4.00	Outlier payment (see instructions)		10,259	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		63,591	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		75,321	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		190,106	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)		190,106	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		190,106	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		114,785	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)		75,321	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)		15,097,290	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		24,423	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,330,373	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)		11,817,815	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,817,815	30.00
31.00	Primary payer payments		560	31.00
32.00	Subtotal (line 30 minus line 31)		11,817,255	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)		554,205	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		387,944	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		437,588	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		12,205,199	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		12,205,199	40.00
41.00	Interim payments		12,184,145	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		21,054	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: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/22/2012 10:05 pm
	Title XVIII	Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/22/2012 10:06 pm
		Component CCN: 14S213	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/22/2012 10:06 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/22/2012 10:06 pm
		Title VIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/22/2012 10:06 pm
	Title XVIII	Subprovider - IRF	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: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
3/22/2012 10:05 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		46,670,625		12,172,759	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	04/08/2011	10,515	3.01
3.02			0	09/09/2011	871	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	04/08/2011	120,926		0	3.50
3.51		09/09/2011	88,567		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)		-209,493		11,386	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)		46,461,132		12,184,145	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		80,443		21,054	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		46,541,575		12,205,199	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140213

Period: From 10/01/2010

Worksheet E-1

Component CCN: 14S213

To 09/30/2011

Part I
Date/Time Prepared:
3/22/2012 10:05 pm

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		852,724		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		852,724		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		68,069		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		920,793		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140213

Period: From 10/01/2010

Worksheet E-1

Component CCN: 14T213

To 09/30/2011

Part I
Date/Time Prepared:
3/22/2012 10:05 pm

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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,794,401		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	04/08/2011	7,396		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)		-7,396		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,787,005		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		21,430		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,808,435		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part II Date/Time Prepared: 3/22/2012 10:06 pm
		Title XVII	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)			1,003,685 1.00
2.00	Net IPF PPS Outlier Payments			961 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			10.052055 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,004,646 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,004,646 16.00
17.00	Primary payer payments			1,831 17.00
18.00	Subtotal (line 16 less line 17).			1,002,815 18.00
19.00	Deductibles			137,208 19.00
20.00	Subtotal (line 18 minus line 19)			865,607 20.00
21.00	Coinurance			12,882 21.00
22.00	Subtotal (line 20 minus line 21)			852,725 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			92,431 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			64,702 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			74,940 25.00
26.00	Subtotal (sum of lines 22 and 24)			917,427 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)			3,366 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)			920,793 31.00
32.00	Interim payments			852,724 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			68,069 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part III Date/Time Prepared: 3/22/2012 10:06 pm
		Component CCN: 14T213	Title XVIIII	Subprovider - IRF PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,690,314	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0059	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		52,686	3.00
4.00	Outlier Payments		115,046	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		12.219178	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		4,858,046	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		4,858,046	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,858,046	19.00
20.00	Deductibles		25,812	20.00
21.00	Subtotal (line 19 minus line 20)		4,832,234	21.00
22.00	Coinsurance		27,630	22.00
23.00	Subtotal (line 21 minus line 22)		4,804,604	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		4,061	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		2,843	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,807,447	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)		988	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,808,435	32.00
33.00	Interim payments		4,787,005	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		21,430	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet G

Date/Time Prepared:
3/22/2012 10:06 pm

		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	13,798,120	0	0	0	1.00
2.00	Temporary investments	9,106,105	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,225,426	0	0	0	4.00
5.00	Other receivable	46,862,592	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	202,992	0	0	0	7.00
8.00	Prepaid expenses	2,074,231	0	0	0	8.00
9.00	Other current assets	5,274,177	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	107,543,643	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	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	610,169,786	0	0	0	15.00
16.00	Accumulated depreciation	-200,642,536	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	409,527,250	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	136,554,148	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	31,507,540	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	168,061,688	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	685,132,581	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,338,133	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,542,160	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,815,000	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	24,128,414	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	56,823,707	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	398,942,619	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	891,105	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	399,833,724	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	456,657,431	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	228,475,150	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	228,475,150	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	685,132,581	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/22/2012 10:06 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		214,341,008	
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,232,802			2.00
3.00	Total (sum of line 1 and line 2)		226,573,810		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CONTRIBUTIONS FOR SPECIFIC PURPOSES	4,149,962		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		4,149,962		0	10.00
11.00	Subtotal (line 3 plus line 10)		230,723,772		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	DECREASE IN TEMPORARILY RESTRICTED N	2,143,693		0		13.00
14.00	DECREASE IN PERMANENTLY RESTRICTED N	104,929		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,248,622		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		228,475,150		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/22/2012 10:06 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00 CONTRIBUTIONS FOR SPECIFIC PURPOSES	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 Deductions (debit adjustments) (specify)	0		0			12.00
13.00 DECREASE IN TEMPORARILY RESTRICTED N	0		0			13.00
14.00 DECREASE IN PERMANENTLY RESTRICTED N	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
3/22/2012 10:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,513,276		49,513,276	1.00
2.00	SUBPROVIDER - IPF	3,655,660		3,655,660	2.00
3.00	SUBPROVIDER - IRF	3,898,332		3,898,332	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	57,067,268		57,067,268	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,487,217		8,487,217	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,487,217		8,487,217	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	65,554,485		65,554,485	17.00
18.00	Ancillary services	271,382,579	364,244,430	635,627,009	18.00
19.00	Outpatient services	16,805,514	73,898,386	90,703,900	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
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)	353,742,578	438,142,816	791,885,394	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		232,443,116		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)		232,443,116		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-3

Date/Time Prepared:
3/22/2012 10:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	791,885,394	1.00
2.00	Less contractual allowances and discounts on patients' accounts	544,459,341	2.00
3.00	Net patient revenues (line 1 minus line 2)	247,426,053	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	232,443,116	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,982,937	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER INCOME	7,327,865	24.00
25.00	Total other income (sum of lines 6-24)	7,327,865	25.00
26.00	Total (line 5 plus line 25)	22,310,802	26.00
27.00	FAS144 DEPRECIATION	10,078,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	10,078,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,232,802	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140213

Period: From 10/01/2010

Worksheet H

HHA CCN: 147452

To 09/30/2011

Date/Time Prepared: 3/22/2012 10:06 pm

Home Health Agency I

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	399,685	0	342	20	92,774	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	914,926	0	54,842	0	42,865	6.00
7.00	Physical Therapy	0	0	0	653,398	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	4,123	0	0	0	0	10.00
11.00	Home Health Aide	60,626	0	9,320	0	730	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,379,360	0	64,504	653,418	136,369	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140213

Period: From 10/01/2010

Worksheet H

HHA CCN: 147452

To 09/30/2011

Date/Time Prepared: 3/22/2012 10:06 pm

Home Health Agency I

PPS

		Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	492,821	34,998	527,819	-16,436	511,383	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,012,633	0	1,012,633	0	1,012,633	6.00
7.00	Physical Therapy	653,398	-11,859	641,539	0	641,539	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	4,123	0	4,123	0	4,123	10.00
11.00	Home Health Aide	70,676	0	70,676	0	70,676	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,233,651	23,139	2,256,790	-16,436	2,240,354	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140213	Period: From 10/01/2010	Worksheet H-1 Part I
		HHA CCN: 147452	To 09/30/2011	Date/Time Prepared: 3/22/2012 10:06 pm
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	511,383	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,012,633	0	0	0	6.00
7.00	Physical Therapy	641,539	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	9.00
10.00	Medical Social Services	4,123	0	0	0	10.00
11.00	Home Health Aide	70,676	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,240,354	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140213	Period: From 10/01/2010	Worksheet H-1 Part I
		HHA CCN: 147452	To 09/30/2011	Date/Time Prepared: 3/22/2012 10:06 pm
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		Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)	
		4A.00	5.00	6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	511,383	511,383		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	1,012,633	299,510	1,312,143	6.00
7.00	Physical Therapy	641,539	189,750	831,289	7.00
8.00	Occupational Therapy	0	0	0	8.00
9.00	Speech Pathology	0	0	0	9.00
10.00	Medical Social Services	4,123	1,219	5,342	10.00
11.00	Home Health Aide	70,676	20,904	91,580	11.00
12.00	Supplies (see instructions)	0	0	0	12.00
13.00	Drugs	0	0	0	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,728,971		2,240,354	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140213

Period:

Worksheet H-1

HHA CCN: 147452

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
3/22/2012 10:06 pm

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		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-511,383	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-511,383	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140213	Period: From 10/01/2010	Worksheet H-1 Part II Date/Time Prepared: 3/22/2012 10:06 pm
	HHA CCN: 147452	To 09/30/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,728,971	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,012,633	6.00
7.00	Physical Therapy	641,539	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech Pathology	0	9.00
10.00	Medical Social Services	4,123	10.00
11.00	Home Health Aide	70,676	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	1,728,971	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	511,383	25.00
26.00	Unit Cost Multiplier	0.295773	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140213	Period: From 10/01/2010	Worksheet H-2 Part I
		HHA CCN: 147452	To 09/30/2011	Date/Time Prepared: 3/22/2012 10:06 pm
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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
1.00 Administrative and General	0	0	1,614	497,594	499,208	1.00
2.00 Skilled Nursing Care	1,312,143	0	0	0	1,312,143	2.00
3.00 Physical Therapy	831,289	0	0	0	831,289	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	5,342	0	0	0	5,342	6.00
7.00 Home Health Aide	91,580	0	0	0	91,580	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,240,354	0	1,614	497,594	2,739,562	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140213 HHA CCN: 147452		Period: From 10/01/2010 To 09/30/2011		Worksheet H-2 Part I Date/Time Prepared: 3/22/2012 10:06 pm PPS	
		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	96,898	0	0	0	0	1.00
2.00	Skilled Nursing Care	254,690	0	0	0	0	2.00
3.00	Physical Therapy	161,356	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	1,037	0	0	0	0	6.00
7.00	Home Health Aide	17,776	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	531,757	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140213

Period: From 10/01/2010

Worksheet H-2

HHA CCN: 147452

To 09/30/2011

Part I
Date/Time Prepared:
3/22/2012 10:06 pm

Home Health
Agency I

PPS

	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	98,941	4,085	3,680	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	98,941	4,085	3,680	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140213	Period: From 10/01/2010	Worksheet H-2
		HHA CCN: 147452	To 09/30/2011	Part I
				Date/Time Prepared: 3/22/2012 10:06 pm
			Home Health Agency I	PPS

	SOCIAL SERVICE	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	17.00	23.00	24.00	25.00	26.00	
1.00 Administrative and General	0	0	702,812	0	702,812	1.00
2.00 Skilled Nursing Care	0	0	1,566,833	0	1,566,833	2.00
3.00 Physical Therapy	0	0	992,645	0	992,645	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	6,379	0	6,379	6.00
7.00 Home Health Aide	0	0	109,356	0	109,356	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	3,378,025	0	3,378,025	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140213	Period: From 10/01/2010	Worksheet H-2 Part I
		HHA CCN: 147452	To 09/30/2011	Date/Time Prepared: 3/22/2012 10:06 pm
			Home Health Agency I	PPS

		Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	411,626	1,978,459	2.00
3.00	Physical Therapy	260,781	1,253,426	3.00
4.00	Occupational Therapy	0	0	4.00
5.00	Speech Pathology	0	0	5.00
6.00	Medical Social Services	1,676	8,055	6.00
7.00	Home Health Aide	28,729	138,085	7.00
8.00	Supplies (see instructions)	0	0	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	702,812	3,378,025	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.262713		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140213
HHA CCN: 147452

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
3/22/2012 10:06 pm
PPS

	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00	Administrative and General	0	1,584	1,379,360	5A	499,208	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,312,143	2.00
3.00	Physical Therapy	0	0	0	0	831,289	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	5,342	6.00
7.00	Home Health Aide	0	0	0	0	91,580	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	1,584	1,379,360		2,739,562	20.00
21.00	Total cost to be allocated	0	1,614	497,594		531,757	21.00
22.00	Unit cost multiplier	0.000000	1.018939	0.360743		0.194103	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140213 HHA CCN: 147452	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part II Date/Time Prepared: 3/22/2012 10:06 pm PPS
		Home Health Agency I	

	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140213
HHA CCN: 147452

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
3/22/2012 10:06 pm
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		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE (TIME SPENT)	
		(DIRECT NRSING HRS)	(COSTED REQUIS.)		(TIME SPENT)		
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	42,568	36,774	1,624	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	42,568	36,774	1,624	0	0	20.00
21.00	Total cost to be allocated	98,941	4,085	3,680	0	0	21.00
22.00	Unit cost multiplier	2.324305	0.111084	2.266010	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140213	Period: From 10/01/2010	Worksheet H-2
	HHA CCN: 147452	To 09/30/2011	Part II Date/Time Prepared: 3/22/2012 10:06 pm
		Home Health Agency I	PPS

		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
1.00	Administrative and General	0	1.00
2.00	Skilled Nursing Care	0	2.00
3.00	Physical Therapy	0	3.00
4.00	Occupational Therapy	0	4.00
5.00	Speech Pathology	0	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	0	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19)	0	20.00
21.00	Total cost to be allocated	0	21.00
22.00	Unit cost multiplier	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140213 HHA CCN: 147452		Period: From 10/01/2010 To 09/30/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 3/22/2012 10:06 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,978,459		1,978,459	11,107	1.00
2.00	Physical Therapy	3.00	1,253,426	0	1,253,426	6,347	2.00
3.00	Occupational Therapy	4.00	0	0	0	1,817	3.00
4.00	Speech Pathology	5.00	0	0	0	103	4.00
5.00	Medical Social Services	6.00	8,055		8,055	258	5.00
6.00	Home Health Aide	7.00	138,085		138,085	1,904	6.00
7.00	Total (sum of lines 1-6)		3,378,025	0	3,378,025	21,536	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	6,921	2,437		8.00
9.00	Physical Therapy		16974	4,584	1,268		9.00
10.00	Occupational Therapy		16974	1,687	371		10.00
11.00	Speech Pathology		16974	176	0		11.00
12.00	Medical Social Services		16974	196	85		12.00
13.00	Home Health Aide		16974	1,580	1,188		13.00
14.00	Total (sum of lines 8-13)			15,144	5,349		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	7,852	7,852	22,711	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.353023	0	0	1.00
2.00	Occupational Therapy		67.00	0.000000	0	0	2.00
3.00	Speech Pathology		68.00	0.000000	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.345723	22,711	7,852	4.00
5.00	Cost of Drugs		73.00	0.219208	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140213

Period: From 10/01/2010

Worksheet H-3

HHA CCN: 147452

To 09/30/2011

Parts I-III
Date/Time Prepared:
3/22/2012 10:06 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
5.00	5.00	6.00	7.00	8.00		
1.00	178.13	6,921	2,437			1.00
2.00	197.48	4,584	1,268			2.00
3.00	0.00	1,687	371			3.00
4.00	0.00	176	0			4.00
5.00	31.22	196	85			5.00
6.00	72.52	1,580	1,188			6.00
7.00	Total (sum of lines 1-6)		15,144	5,349		7.00
Cost Center Description						
	5.00	6.00	7.00	8.00	9.00	
Limitation Cost Computation						
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
5.00	5.00	6.00	7.00	8.00		
Supplies and Drugs Cost Computations						
15.00	0.345736	10,544	12,167	0		15.00
16.00	0.000000	0	0	0		16.00
Cost Center Description						
		Transfer to Part I as Indicated				
		4.00				
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		col. 2, line 2.00			1.00
2.00	Occupational Therapy		col. 2, line 3.00			2.00
3.00	Speech Pathology		col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00			4.00
5.00	Cost of Drugs		col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140213	Period: From 10/01/2010	Worksheet H-3 Parts I-III Date/Time Prepared: 3/22/2012 10:06 pm
	HHA CCN: 147452	To 09/30/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
9.00	10.00	11.00	12.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	1,232,838	434,103		1,666,941	1.00
2.00	Physical Therapy	905,248	250,405		1,155,653	2.00
3.00	Occupational Therapy	0	0		0	3.00
4.00	Speech Pathology	0	0		0	4.00
5.00	Medical Social Services	6,119	2,654		8,773	5.00
6.00	Home Health Aide	114,582	86,154		200,736	6.00
7.00	Total (sum of lines 1-6)	2,258,787	773,316		3,032,103	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	3,645	4,207	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140213 HHA CCN: 147452	Period: From 10/01/2010 To 09/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 3/22/2012 10:06 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	2,949,508	990,096	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	2,949,508	990,096	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,949,508	990,096	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,902,841	680,367
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		16,068	11,797
14.00	Total PPS Reimbursement - PEP Episodes		58,690	25,907
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,977,599	718,071
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,977,599	718,071
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,977,599	718,071
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,977,599	718,071
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,977,599	718,071
32.00	Interim payments (see instructions)		1,977,599	718,071
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140213
HHA CCN: 147452

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-5
Date/Time Prepared:
3/22/2012 10:06 pm
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		1,977,599		718,071	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,977,599		718,071	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,977,599		718,071	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet I-1
Date/Time Prepared:
3/22/2012 10:06 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	2,096,767	Hours of Service	56,475.00	27.15	1.00
2.00	Licensed Practical Nurses	52,690	Hours of Service	2,081.00	1.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	501,521	Hours of Service	24,441.00	11.75	4.00
5.00	Social Workers	190,769	Hours of Service	6,124.00	2.94	5.00
6.00	Dieticians	187,267	Hours of Service	6,337.00	3.05	6.00
7.00	Physicians	37,314	Accumulated Cost			7.00
8.00	Non-patient Care Salary	499,295	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	3,565,623				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	1,135,215	Requisitions			14.00
15.00	Drugs	2,131,574	Requisitions			15.00
16.00	Other	617,640	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	7,450,052				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	172,678	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	97,671	Percentage of Time			19.00
20.00	Employee Benefits	1,272,812	Salary			20.00
21.00	Administrative & General	1,745,610	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	331,444	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	131,772	Requisitions			24.00
25.00	Pharmacy	2,500,300	Requisitions			25.00
26.00	Other Allocated Costs	412,242	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	14,114,581				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	14,114,581				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet 1-2 Date/Time Prepared: 3/22/2012 10:06 pm
			Renal Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Bui l di ng	Equi pment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	504,122	97,671	2,096,767	932,247	1,272,812	1.00
MAINTENANCE							
2.00	Hemodialysis	504,122	97,671	1,967,193	875,929	1,184,359	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	129,574	56,318	88,453	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	504,122	97,671	2,096,767	932,247	1,272,812	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet 1-2 Date/Time Prepared: 3/22/2012 10:06 pm
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		Drugs	Medical Supplies	Routine Ancillary Services	Renal Dialysis	Subtotal (sum of cols. 1-8)	Overhead	PPS
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	4,631,874	1,266,987	0	10,802,480	3,312,101		1.00
MAINTENANCE								
2.00	Hemodialysis	4,631,874	1,266,987	0	10,528,135	3,227,985		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCDP	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCDP	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	274,345	84,116		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)	2,115,910						14.00
15.00	ARANESP (include in Renal Department)	0						15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	4,631,874	1,266,987	0	10,802,480	3,312,101		17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet 1-2 Date/Time Prepared: 3/22/2012 10:06 pm
			Renal Dialysis	PPS

		Total (col. 9 + col. 10) 11.00	
1.00	Total Renal Department Costs	14,114,581	1.00
MAINTENANCE			
2.00	Hemodialysis	13,756,120	2.00
3.00	Intermittent Peritoneal	0	3.00
TRAINING			
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
HOME			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	0	11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	358,461	12.00
13.00	Method II Home Patient	0	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	0	16.00
17.00	Total (sum of lines 2-16)	14,114,581	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	14,114,581	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet 1-3

Date/Time Prepared:
3/22/2012 10:06 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		504,122	97,671	2,096,767	932,247	1.00
MAINTENANCE							
2.00	Hemodialysis		19,984	100.00	52,985.00	36,628.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	358,425	0	0.00	3,490.00	2,355.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		19,984	100.00	56,475.00	38,983.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		25.226281	976.710000	37.127348	23.914193	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet 1-3

Date/Time Prepared:
3/22/2012 10:06 pm

		Renal Dialysis				PPS	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	1,272,812	4,631,874	1,266,987	0	10,802,480	1.00
MAINTENANCE							
2.00	Hemodialysis	3,283,110	2,131,574	1,193,596	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
HOME							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	245,198	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO	0	0	0	0		14.00
15.00	ARANESP	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	3,528,308	2,131,574	1,193,596	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.360743	2.172983	1.061487	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet 1-3

Date/Time Prepared:
3/22/2012 10:06 pm

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	3,312,101	1.00
MAINTENANCE			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
TRAINING			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
HOME			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	10,802,480	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.306606	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet 1-4

Date/Time Prepared:
3/22/2012 10:06 pm

		Rate 0			Renal Dialysis	PPS	
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	12,538	13,756,120	1,097.15	10,332	11,335,754	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	12,538	13,756,120		10,332	11,335,754	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet 1-4

Date/Time Prepared:
3/22/2012 10:06 pm

		Rate 0	Renal Dialysis	PPS
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	1,880,069	181.97	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,880,069		11.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet I-1 Date/Time Prepared: 3/22/2012 10:06 pm
			Home Program Dialysis	PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	118,903	Hours of Service	3,177.00	1.53	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	1,833	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	120,736				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	381,683	Requisitions			14.00
15.00	Drugs	178,713	Requisitions			15.00
16.00	Other	52,579	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	733,711				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			19.00
20.00	Employee Benefits	43,554	Salary			20.00
21.00	Administrative & General	150,869	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	0	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	42,444	Requisitions			24.00
25.00	Pharmacy	226,274	Requisitions			25.00
26.00	Other Allocated Costs	3,840	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	1,200,692				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	1,200,692				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet 1-2 Date/Time Prepared: 3/22/2012 10:06 pm
			Home Program Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Buiding	Equipment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	0	0	118,903	0	43,554	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	118,903	0	43,554	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	0	0	118,903	0	43,554	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140213			Period: From 10/01/2010 To 09/30/2011	Worksheet 1-2 Date/Time Prepared: 3/22/2012 10:06 pm	
					Home Program Dialysis	PPS	
		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	404,987	424,127	0	991,571	209,121	1.00
MAINTENANCE							
2.00	Hemodialysis	404,987	424,127	0	991,571	209,121	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	178,713					14.00
15.00	ARANESP (include in Renal Department)	0					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	404,987	424,127	0	991,571	209,121	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet 1-2 Date/Time Prepared: 3/22/2012 10:06 pm
			Home Program Dialysis	PPS

		Total (col. 9 + col. 10)	
		11.00	
1.00	Total Renal Department Costs	1,200,692	1.00
MAINTENANCE			
2.00	Hemodialysis	1,200,692	2.00
3.00	Intermittent Peritoneal	0	3.00
TRAINING			
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
HOME			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	0	11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	0	12.00
13.00	Method II Home Patient	0	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	0	16.00
17.00	Total (sum of lines 2-16)	1,200,692	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	1,200,692	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140213		Period: From 10/01/2010 To 09/30/2011		Worksheet 1-3	
				Home Program Dialysis		Date/Time Prepared: 3/22/2012 10:06 pm	
				PPS			
		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		0	0	118,903	0	1.00
MAINTENANCE							
2.00	Hemodialysis		0	0.00	3,177.00	27.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		0	0.00	3,177.00	27.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	37.426188	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet 1-3 Date/Time Prepared: 3/22/2012 10:06 pm
			Home Program Dialysis	PPS

	Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
	5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	43,554	404,987	424,127	0	991,571 1.00
MAINTENANCE						
2.00	Hemodialysis	120,735	178,713	382,150	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	3.00
TRAINING						
4.00	Hemodialysis	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	7.00
HOME						
8.00	Hemodialysis	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	11.00
OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	13.00
14.00	EPO	0	0	0	0	14.00
15.00	ARANESP	0	0	0	0	15.00
16.00	Other	0	0	0	0	16.00
17.00	Total Statistical Basis	120,735	178,713	382,150	0	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.360740	2.266131	1.109844	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet 1-3 Date/Time Prepared: 3/22/2012 10:06 pm
			Home Program Dialysis	PPS

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	209,121	1.00
MAINTENANCE			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
TRAINING			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
HOME			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	991,571	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.210899	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140213

Period:
From 10/01/2010
To 09/30/2011

Worksheet 1-4

Date/Time Prepared:
3/22/2012 10:06 pm

Rate 0

Home Program
Dialysis

PPS

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	24,554	1,200,692	48.90	20,810	1,017,609	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	30	0	0.00	18	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	3	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	8,173	0	0.00	6,049	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	32,760	1,200,692		26,877	1,017,609	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet 1-4 Date/Time Prepared: 3/22/2012 10:06 pm
		Rate 0	Home Program Dialysis	PPS

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	4,122,960	198.12	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	3,804	211.33	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	470,799	77.83	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	4,597,563		11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet I-5 Date/Time Prepared: 3/22/2012 10:06 pm
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			12,353,363 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			6,477,632 2.00
3.00	Deductibles billed to Medicare (Part B) patients			3,922 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			1,294,888 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			1,298,810 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			5,178,968 9.00
10.00	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			5,875,585 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140213	Period: From 10/01/2010 To 09/30/2011	Worksheet L Parts I-III Date/Time Prepared: 3/22/2012 10:05 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,543,776	1.00
2.00	Capital DRG outlier payments		149,690	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		141.49	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.60	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		17.20	8.00
9.00	Sum of lines 7 and 8		20.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.30	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		152,382	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,845,848	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