

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: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet S Parts I-III Date/Time Prepared: 2/19/2013 9:37 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/19/2013 Time: 9:37 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 00130 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHSHORE UNIVERSITY HEALTHSYSTEM (140010) for the cost reporting period beginning 10/01/2011 and ending 09/30/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-215,469	806,071	8,638	0	1.00
2.00 Subprovider - IPF	0	84,218	0		0	2.00
3.00 Subprovider - IRF	0	136,547	-2		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	5,296	806,069	8,638	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.

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Encryption Information
ECR: Date: 2/19/2013 Time: 9:37 am
Y: nkFmUi JCl wBtj hmLG8oUQYpMA: KO
dtJF40. Zge5H4YheFLGXl l eRAmvaFM
x. 2N1plDcu0l Eal g
PI: Date: 2/19/2013 Time: 9:37 am
2vu0uSk2. 10hnoWWgrNI R8Zn20Zty1
kYdAn08I B2xU5Vv0j Lw7D9JHA: LLTC
FweTQKtKVQ0HwQsd

(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			
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7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	5,296	806,069	8,638	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010			Period: From 10/01/2011 To 09/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/19/2013 9:36 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 2650 RIDGE AVENUE	PO Box:		Zip Code: 60201		County: COOK				1.00
2.00	City: EVANSTON	State: IL								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	NORTHSHORE UNIVERSITY HEALTHSYSTEM	140010	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRY UNIT	14S010	16974	4	10/01/1983	N	P	O	4.00
5.00	Subprovider - IRF	REHABILITATION UNIT	14T010	16974	5	10/01/1983	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	TRANSITIONAL CARE CENTER	145855	16974		11/27/1995	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HOME HEALTH	147001	16974		01/01/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE	141522	16974		07/01/1979				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	RENAL DIALYSIS	142300	16974		10/01/1997				18.00
18.01		HPH RENAL DIALYSIS	142336	29404		03/05/2008				18.01
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2011	09/30/2012		20.00	
21.00	Type of Control (see instructions)					2		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					N		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1		Y		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	11,065	7,020	0	0	441	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	254	172	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/19/2013 9:36 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
				Y/N		
				1.00		
39.00	Does this facility qualify for the Inpatient Hospital Payment Adjustment for Low Volume Hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no.			N		39.00
				V	XVIII	XIX
				1.00	2.00	3.00
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
2/19/2013 9:36 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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)	Y	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)	Y	N	0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V 1.00			XIX 2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical 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	109.00
		1.00			2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/19/2013 9:36 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	4,395,165	44,471,991	-9,549,000	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/19/2013 9:36 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						Y	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5	EVANSTON HOSPITAL	COOK	IL	60201	16974	2,460.00	166.00
166.01		GLENBROOK HOSPITAL	COOK	IL	60026	16974	918.00	166.01
166.02		HIGHLAND PARK HOSPITAL	LAKE	IL	60035	29404	892.00	166.02
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/19/2013 9:36 am
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		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)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/19/2013 9:36 am
		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
				1.00
				2.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARIA MONET	ABERIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5128	MABERIN@NORTHSHORE.ORG	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2013 9:36 am

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	486	177,876	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		486	177,876	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	59	20,130	0.00		8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,104	0.00		8.01
9.00 CORONARY CARE UNIT	32.00	31	11,346	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		620	225,456	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,444			16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,052			17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			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	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		676				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	52,789	7,788	105,337		1.00
2.00 HMO		2,240	441			2.00
3.00 HMO IPF Subprovider		125	0			3.00
4.00 HMO IRF Subprovider		83	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	52,789	7,788	105,337		7.00
8.00 INTENSIVE CARE UNIT	0	8,384	763	13,696		8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	6,630	12,847		8.01
9.00 CORONARY CARE UNIT	0	4,917	455	7,028		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		2,294	9,734		13.00
14.00 Total (see instructions)	0	66,090	17,930	148,642		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	2,886	698	10,685		16.00
17.00 SUBPROVIDER - IRF	0	3,552	426	5,542		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	43,166	1,039	59,570		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,015	20,826		28.00
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)			155	656		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	14,071	1.00
2.00 HMO					454	2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	178.15	5,226.00	0.00	0	14,071	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	3.82	74.00	0.00	0	324	16.00
17.00 SUBPROVIDER - IRF	0.89	30.00	0.00	0	288	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	103.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	30.00	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	182.86	5,463.00	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,313	30,977		1.00
2.00 HMO				2.00
3.00 HMO IPF Subprovider				3.00
4.00 HMO IRF Subprovider				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)				8.01
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,313	30,977		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	103	1,599		16.00
17.00 SUBPROVIDER - IRF	26	459		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
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: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/19/2013 9:36 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	426,907,870	0	426,907,870	11,363,590.00	37.57
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		12,858,586	0	12,858,586	74,030.00	173.69
4.01	Physicians - Part A - Teaching		9,447,847	0	9,447,847	60,570.00	155.98
5.00	Physician-Part B		6,461,838	0	6,461,838	134,521.00	48.04
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		12,540,301	0	12,540,301	385,403.00	32.54
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		40,585,725	927,728	41,513,453	1,034,926.00	40.11
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		12,583,340	0	12,583,340	385,843.00	32.61
12.00	Contract management and administrative services		6,502,585	0	6,502,585	121,398.00	53.56
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		88,459,911	0	88,459,911		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		10,297,272	0	10,297,272		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		6,915,319	0	6,915,319		
22.01	Physician Part A - Teaching		2,343,507	0	2,343,507		
23.00	Physician Part B		1,602,837	0	1,602,837		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	7,655,694	-14,800	7,640,894	174,300.00	43.84
27.00	Administrative & General	5.00	100,617,755	-20,738,460	79,879,295	1,328,314.00	60.14
28.00	Administrative & General under contract (see inst.)		21,582,405	0	21,582,405	273,476.00	78.92
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	369,495	0	369,495	8,835.00	41.82
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		9,132,684	0	9,132,684	520,247.00	17.55
34.00	Dietary	10.00	211,676	0	211,676	6,360.00	33.28
35.00	Dietary under contract (see instructions)		6,307,283	0	6,307,283	342,181.00	18.43
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	6,341,167	0	6,341,167	172,248.00	36.81
39.00	Central Services and Supply	14.00	3,089,235	0	3,089,235	183,502.00	16.83
40.00	Pharmacy	15.00	12,711,774	0	12,711,774	343,062.00	37.05

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/19/2013 9:36 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00 3,884,470	0	3,884,470	159,918.00	24.29	41.00
42.00	Soci al Servi ce	17.00 3,046,673	0	3,046,673	92,790.00	32.83	42.00
43.00	Other General Servi ce	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
2/19/2013 9:36 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	435,480,256	0	435,480,256	11,919,000.00	36.54	1.00
2.00	Excluded area salaries (see instructions)	40,585,725	927,728	41,513,453	1,034,926.00	40.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	394,894,531	-927,728	393,966,803	10,884,074.00	36.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,085,925	0	19,085,925	507,241.00	37.63	4.00
5.00	Subtotal wage-related costs (see inst.)	95,375,230	0	95,375,230	0.00	24.21	5.00
6.00	Total (sum of lines 3 thru 5)	509,355,686	-927,728	508,427,958	11,391,315.00	44.63	6.00
7.00	Total overhead cost (see instructions)	174,950,311	-20,753,260	154,197,051	3,605,233.00	42.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 2/19/2013 9:36 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		21,390,052	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		30,821,461	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		1,092,635	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)		57,644,610	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,640,332	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)		3,132,670	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		3,663,577	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		26,441,074	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		450,000	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		-44,413,343	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		4,029,989	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		105,893,057	24.00
Part B - Other than Core Related Cost				
25.00	MALPRACTICE		3,725,790	25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 2/19/2013 9:36 am
				1.00
Step 1: Determine the 3-Year Averaging Period				
1.00	Wage Index fiscal year ending.		2016	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	10/01/2011	09/30/2012	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	04/01/2012		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	10/01/2010		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	09/30/2013		5.00
Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)				
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
Step 3: Average Pension Contribution During the Averaging Period				
9.00	Beginning date of averaging period from line 4 or line 8.	10/01/2010		9.00
10.00	Ending date of averaging period from line 5	09/30/2013		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01			19,075,777	11.01
11.02			31,741,670	11.02
11.03			31,741,670	11.03
				1.00
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		82,559,117	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		2,293,309	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		27,519,708	16.00
Step 4: Total Pension Cost for Wage Index				
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		3,301,753	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		3,301,753	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		30,821,461	19.00
		Prepared By	Date	
		1.00	2.00	
Prepared By and Date Prepared				
100.00				100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	43,039	0	1.00
2.00	Hospital	43,039	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140010 Component CCN: 147001		Period: From 10/01/2011 To 09/30/2012		Worksheet S-4 Date/Time Prepared: 2/19/2013 9:36 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK COUNTY AND LAKE		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	4,034	6	557	4,597	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,964.00	100.00	1,519.00	4,583.00	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		1.05	0.00	1.05	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			39.42	0.00	39.42	5.00
6.00	Direct Nursing Service			39.51	0.00	39.51	6.00
7.00	Nursing Supervisor			2.90	0.00	2.90	7.00
8.00	Physical Therapy Service			19.22	0.00	19.22	8.00
9.00	Physical Therapy Supervisor			1.00	0.00	1.00	9.00
10.00	Occupational Therapy Service			1.44	0.00	1.44	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.56	0.00	0.56	12.00
13.00	Speech Pathology Supervisor			0.01	0.00	0.01	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.21	0.00	2.21	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME & MED REC TECHS; PRACTITIONER			2.20	0.00	2.20	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.			2			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
20.01				29404			20.01
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	19,640	230	1,173	517	21,560	21.00
22.00	Skilled Nursing Visit Charges	4,095,412	47,709	244,049	107,310	4,494,480	22.00
23.00	Physical Therapy Visits	17,320	30	383	418	18,151	23.00
24.00	Physical Therapy Visit Charges	3,602,490	6,230	78,880	86,520	3,774,120	24.00
25.00	Occupational Therapy Visits	1,308	0	3	53	1,364	25.00
26.00	Occupational Therapy Visit Charges	271,670	0	630	10,900	283,200	26.00
27.00	Speech Pathology Visits	357	0	0	2	359	27.00
28.00	Speech Pathology Visit Charges	75,552	0	0	400	75,952	28.00
29.00	Medical Social Service Visits	363	3	13	24	403	29.00
30.00	Medical Social Service Visit Charges	90,540	756	3,228	5,928	100,452	30.00
31.00	Home Health Aide Visits	1,244	38	9	38	1,329	31.00
32.00	Home Health Aide Visit Charges	163,152	5,016	1,182	4,956	174,306	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	40,232	301	1,581	1,052	43,166	33.00
34.00	Other Charges	34,949	192	3,754	487	39,382	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	8,333,765	59,903	331,723	216,501	8,941,892	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,963		608	96	3,667	36.00
37.00	Total Number of Outlier Episodes		7		0	7	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-5

Date/Time Prepared:
2/19/2013 9:36 am

		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	165	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	4.00	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	313	0				5.00
6.00	Number of stations	20	0	0	0		6.00
7.00	Treatment capacity per day per station	3	0				7.00
8.00	Utilization (see instructions)	0.77	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	12					11.00
12.00	Number of patients transplanted during the cost reporting period	5					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	72,082					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	74,646					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.	394,772					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	194,411					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

		Home			
		Hemodialysis	CAPD / CCPD		
		5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	31	13		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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-7

Date/Time Prepared:
2/19/2013 9:36 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	0	0	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	0	0	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-7

Date/Time Prepared:
2/19/2013 9:36 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-7

Date/Time Prepared:
2/19/2013 9:36 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	0	0	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	0	0	0	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	0	0	0	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	0	0	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	0	0	0	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	0	0	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-7

Date/Time Prepared:
2/19/2013 9:36 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140010
Component CCN: 141522

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-9
Parts I & II
Date/Time Prepared:
2/19/2013 9:36 am

		Unduplicated Days				All Other	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	20,883	938	0	0	2,429	2.00
3.00	Inpatient Respite Care	46	0	0	0	20	3.00
4.00	General Inpatient Care	2,337	168	0	0	658	4.00
5.00	Total Hospice Days	23,266	1,106	0	0	3,107	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	692	40	0	0	93	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	33.62	27.65	0.00	0.00	33.41	8.00
9.00	Unduplicated Census Count	685	40	0	0	89	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140010 Component CCN: 141522	Period: From 10/01/2011 To 09/30/2012	Worksheet S-9 Parts I & II Date/Time Prepared: 2/19/2013 9:36 am
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	24,250	2.00
3.00	Inpatient Respite Care	66	3.00
4.00	General Inpatient Care	3,163	4.00
5.00	Total Hospice Days	27,479	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	825	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	33.31	8.00
9.00	Unduplicated Census Count	814	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet S-10 Date/Time Prepared: 2/19/2013 9:36 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.313242		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		31,916,355		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		183,199,985		6.00
7.00	Medicaid cost (line 1 times line 6)		57,385,930		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)		25,469,575		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)		25,469,575		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	51,839,041	6,102,370	57,941,411	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	16,238,165	1,911,519	18,149,684	21.00
22.00	Partial payment by patients approved for charity care	305,090	1,479,208	1,784,298	22.00
23.00	Cost of charity care (line 21 minus line 22)	15,933,075	432,311	16,365,386	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			25,132,254	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,689,565	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			23,442,689	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			7,343,235	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			23,708,621	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			49,178,196	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		52,273,036		52,273,036	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		40,241,663		40,241,663	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	3.00
4.00	00400	EMPLOYEE BENEFITS	7,655,694	7,828,524	15,484,218	-123,255	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	100,617,755	140,969,203	241,586,958	-31,743,053	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	369,495	40,728,182	41,097,677	-785	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,338,642	4,338,642	0	8.00
9.00	00900	HOUSEKEEPING	0	11,733,825	11,733,825	-75	9.00
10.00	01000	DIETARY	211,676	11,083,192	11,294,868	-116	10.00
11.00	01100	CAFETERIA	0	4,287,762	4,287,762	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,341,167	2,202,657	8,543,824	-887	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,089,235	8,457,607	11,546,842	-862,606	14.00
15.00	01500	PHARMACY	12,711,774	100,252,985	112,964,759	3,940,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,884,470	1,964,027	5,848,497	0	16.00
17.00	01700	SOCIAL SERVICE	3,046,673	1,539,202	4,585,875	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	31,176,967	19,086,283	50,263,250	-11,613,687	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	925,002	331,634	1,256,636	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	41,869	39,307	81,176	113,195	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	480,643	190,063	670,706	-61,782	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,932,388	18,070,024	64,002,412	-2,653,815	30.00
31.00	03100	INTENSIVE CARE UNIT	11,485,955	4,795,606	16,281,561	-239,625	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,743,379	2,831,306	10,574,685	-24,976	31.01
32.00	03200	CORONARY CARE UNIT	3,909,707	1,503,202	5,412,909	-11,329	32.00
40.00	04000	SUBPROVIDER - I/PF	4,557,342	1,393,420	5,950,762	-446	40.00
41.00	04100	SUBPROVIDER - I/RF	1,704,141	600,420	2,304,561	-2,883	41.00
43.00	04300	NURSERY	0	0	0	3,474,002	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,834,902	52,905,923	67,740,825	-41,426,628	50.00
51.00	05100	RECOVERY ROOM	2,912,062	1,026,156	3,938,218	-5,746	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,919,147	3,203,745	10,122,892	-1,387,592	52.00
53.00	05300	ANESTHESIOLOGY	991,531	2,623,273	3,614,804	-808,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,198,310	14,092,515	33,290,825	-5,489,022	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,330,653	2,144,906	6,475,559	-111,594	55.00
56.00	05600	RADIOISOTOPE	2,677,471	2,762,842	5,440,313	-85,152	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,022,985	2,757,704	5,780,689	-453,956	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,987,500	2,427,276	5,414,776	-741,445	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,705,320	7,306,069	9,011,389	-6,290,421	59.00
60.00	06000	LABORATORY	16,797,332	25,348,792	42,146,124	-199,748	60.00
60.01	06001	VASCULAR LAB	1,110,394	462,577	1,572,971	-20,098	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,141,055	2,755,833	3,896,888	-1,827,317	63.00
64.00	06400	INTRAVENOUS THERAPY	1,650,824	1,280,322	2,931,146	-228,848	64.00
65.00	06500	RESPIRATORY THERAPY	4,142,735	2,904,044	7,046,779	-14,618	65.00
66.00	06600	PHYSICAL THERAPY	14,130,299	6,095,924	20,226,223	-286,780	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,113,950	676,627	2,790,577	-12,974	67.00
68.00	06800	SPEECH PATHOLOGY	686,869	224,544	911,413	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,824,531	5,426,385	9,250,916	-4,035,606	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	934,829	394,311	1,329,140	-20	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	18,725,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	46,058,883	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,802,116	3,515,516	5,317,632	-859,406	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,597,022	1,918,651	6,515,673	-10,153	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	596,338	200,935	797,273	-563	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,093,782	28,016,944	48,110,726	47,411,375	90.00
91.00	09100	EMERGENCY	14,943,853	5,928,356	20,872,209	-388,846	91.00
92.00	09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,044,657	5,481,748	12,526,405	-813,416	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		7,469,464	7,469,464	-7,469,464	113.00
116.00	11600	HOSPICE	2,252,438	3,098,793	5,351,231	-292,244	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	403,328,237	669,191,947	1,072,520,184	-876,315	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	23,579,633	35,922,467	59,502,100	876,315	60,378,415	193.01
200.00	TOTAL (SUM OF LINES 118-199)	426,907,870	705,114,414	1,132,022,284	0	1,132,022,284	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-870,525	51,402,511	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	40,241,663	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-48,329	15,312,634	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,509,931	204,333,974	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-529,856	40,567,036	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,338,642	8.00
9.00	00900	HOUSEKEEPING	0	11,733,750	9.00
10.00	01000	DIETARY	-132,552	11,162,200	10.00
11.00	01100	CAFETERIA	-3,622,718	665,044	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,542,937	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,684,236	14.00
15.00	01500	PHARMACY	-7,047,126	109,858,324	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,848,497	16.00
17.00	01700	SOCIAL SERVICE	0	4,585,875	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	-7,317,094	31,332,469	22.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	1,256,636	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	-49,950	144,421	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	-670,706	-61,782	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-176,573	61,172,024	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,041,936	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	10,549,709	31.01
32.00	03200	CORONARY CARE UNIT	0	5,401,580	32.00
40.00	04000	SUBPROVIDER - I PF	-26,209	5,924,107	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,301,678	41.00
43.00	04300	NURSERY	0	3,474,002	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	26,314,197	50.00
51.00	05100	RECOVERY ROOM	0	3,932,472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,735,300	52.00
53.00	05300	ANESTHESIOLOGY	0	2,805,994	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-844,203	26,957,600	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-245,935	6,118,030	55.00
56.00	05600	RADIOISOTOPE	-171,189	5,183,972	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	5,326,733	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-13,193	4,660,138	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,720,968	59.00
60.00	06000	LABORATORY	-2,449,032	39,497,344	60.00
60.01	06001	VASCULAR LAB	-15,250	1,537,623	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,069,571	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,702,298	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,032,161	65.00
66.00	06600	PHYSICAL THERAPY	-118,869	19,820,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	-335	2,777,268	67.00
68.00	06800	SPEECH PATHOLOGY	0	911,413	68.00
69.00	06900	ELECTROCARDIOLOGY	-55,202	5,160,108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,329,120	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	18,725,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	46,058,883	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,458,226	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	6,505,520	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-97,627	699,083	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,519,095	94,003,006	90.00
91.00	09100	EMERGENCY	-593,560	19,889,803	91.00
92.00	09200	OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	11,712,989	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	5,058,987	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-32,125,059	1,039,518,810	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	35,092,068	35,092,068	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
193.01	19301	NON-ALLOWABLE COST	0	60,378,415	193.01
200.00		TOTAL (SUM OF LINES 118-199)	2,967,009	1,134,989,293	200.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6
Date/Time Prepared:
2/19/2013 9:36 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY RECLASS					
1.00	NURSERY	43.00	3,146,760	327,242	1.00
2.00		0.00	0	0	2.00
	TOTALS		3,146,760	327,242	
D - IMPLANT DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	46,058,883	1.00
	TOTALS		0	46,058,883	
E - INTEREST EXPENSE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,469,464	1.00
	TOTALS		0	7,469,464	
G - PROVIDER BASED RECLASS					
1.00	CLINIC	90.00	29,696,286	19,806,310	1.00
	TOTALS		29,696,286	19,806,310	
H - TEACHING PHYSICIAN RECLASS (I & R)					
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	2,673,098	387,624	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
	TOTALS		2,673,098	387,624	
I - ADMIN PHYSICIAN RECLASS (I & R)					
1.00	ADMINISTRATIVE & GENERAL	5.00	9,467,707	1,372,906	1.00
	TOTALS		9,467,707	1,372,906	
J - GROUP STIPEND RECLASS					
1.00	LABORATORY	60.00	3,926,088	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		3,926,088	0	
K - PHARMACY RECLASS					
1.00	PHARMACY	15.00	0	3,508,046	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
	TOTALS		0	3,508,046	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	64,784,209	1.00
2.00	PHARMACY	15.00	0	432,645	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
TOTALS			0	65,216,854	
M - PHYSICIAN SALARY RECLASS					
1.00	NON-ALLOWABLE COST	193.01	3,688,975	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			3,688,975	0	
N - PARAMED - MEDICAL TECH EXPENSE					
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	113,195	0	1.00
TOTALS			113,195	0	
O - ADVANCED PRACTICE NURSES					
1.00	NON-ALLOWABLE COST	193.01	1,013,432	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			1,013,432	0	
500.00	Grand Total: Increases		53,725,541	144,147,329	500.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6
Date/Time Prepared:
2/19/2013 9:36 am

		Decreases				Wkst. A-7 Ref.	
Cost Center		Line #	Salary	Other	10.00		
6.00		7.00	8.00	9.00			
A - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	2,132,555	190,387	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,014,205	136,855	0		2.00
	TOTALS		3,146,760	327,242			
D - IMPLANT DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	46,058,883	0		1.00
	TOTALS		0	46,058,883			
E - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	7,469,464	0		1.00
	TOTALS		0	7,469,464			
G - PROVIDER BASED RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	29,696,286	19,806,310	0		1.00
	TOTALS		29,696,286	19,806,310			
H - TEACHING PHYSICIAN RECLASS (I & R)							
1.00	ADMINISTRATIVE & GENERAL	5.00	64,153	9,303	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	7,794	1,130	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	269,643	39,101	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	95,996	13,920	0		4.00
5.00	RADIOISOTOPE	56.00	71,858	10,420	0		5.00
6.00	LABORATORY	60.00	2,030,518	294,444	0		6.00
7.00	VASCULAR LAB	60.01	17,206	2,495	0		7.00
8.00	PHYSICAL THERAPY	66.00	40,748	5,909	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	5,684	824	0		9.00
10.00	CLINIC	90.00	57,919	8,399	0		10.00
11.00	EMERGENCY	91.00	11,579	1,679	0		11.00
	TOTALS		2,673,098	387,624			
I - ADMIN PHYSICIAN RECLASS (I & R)							
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	9,467,707	1,372,906	0		1.00
	TOTALS		9,467,707	1,372,906			
J - GROUP STIPEND RECLASS							
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	99,996	0	0		1.00
2.00	NON-ALLOWABLE COST	193.01	3,826,092	0	0		2.00
	TOTALS		3,926,088	0			
K - PHARMACY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	106,870	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,752	0		2.00
3.00	DIETARY	10.00	0	99	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	377	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	525	0		5.00
6.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	0	120	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	10,381	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	887	0		8.00
9.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	8,301	0		9.00
10.00	CORONARY CARE UNIT	32.00	0	369	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	24	0		11.00
12.00	OPERATING ROOM	50.00	0	73,481	0		12.00
13.00	RECOVERY ROOM	51.00	0	1,118	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,113	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	639,817	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	62,559	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	780	0		17.00
18.00	RADIOISOTOPE	56.00	0	2,796	0		18.00
19.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	213,854	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19,451	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	27,896	0		21.00
22.00	LABORATORY	60.00	0	12,202	0		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44,541	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	18,621	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	4,580	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	6,742	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	56	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	23,734	0		28.00
29.00	RENAL DIALYSIS	74.00	0	859,406	0		29.00
30.00	ASC (NON-DISTINCT PART)	75.00	0	1,574	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	53	0		31.00
32.00	CLINIC	90.00	0	200,181	0		32.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6
Date/Time Prepared:
2/19/2013 9:36 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
33.00	EMERGENCY	91.00	0	46,126	0		33.00
34.00	HOME HEALTH AGENCY	101.00	0	813,416	0		34.00
35.00	HOSPICE	116.00	0	292,244	0		35.00
	TOTALS		0	3,508,046			
L - MEDICAL SUPPLIES RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	1,585	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	26,598	0		2.00
3.00	OPERATION OF PLANT	7.00	0	785	0		3.00
4.00	HOUSEKEEPING	9.00	0	75	0		4.00
5.00	DIETARY	10.00	0	17	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	510	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	862,081	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	311,568	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	238,738	0		9.00
10.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	16,675	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	10,960	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	446	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	2,859	0		13.00
14.00	OPERATING ROOM	50.00	0	41,171,324	0		14.00
15.00	RECOVERY ROOM	51.00	0	4,628	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	226,419	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	168,993	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,113,855	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	898	0		19.00
20.00	RADIOISOTOPE	56.00	0	78	0		20.00
21.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	240,102	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	721,994	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	6,204,974	0		23.00
24.00	LABORATORY	60.00	0	1,580,166	0		24.00
25.00	VASCULAR LAB	60.01	0	397	0		25.00
26.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,782,776	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	210,227	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	10,038	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	233,381	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	12,918	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	3,947,813	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	20	0		32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0	8,579	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	510	0		34.00
35.00	CLINIC	90.00	0	1,776,675	0		35.00
36.00	EMERGENCY	91.00	0	327,192	0		36.00
	TOTALS		0	65,216,854			
M - PHYSICIAN SALARY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	14,800	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	445,728	0	0		2.00
3.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	3,081,225	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	3,864	0	0		4.00
5.00	LABORATORY	60.00	95,311	0	0		5.00
6.00	CLINIC	90.00	48,047	0	0		6.00
	TOTALS		3,688,975	0	0		
N - PARAMED - MEDICAL TECH EXPENSE							
1.00	LABORATORY	60.00	113,195	0	0		1.00
	TOTALS		113,195	0	0		
O - ADVANCED PRACTICE NURSES							
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	652,455	0	0		1.00
2.00	PARAMED PRGM-SCHOOL OF ANESTHESI	23.02	61,782	0	0		2.00
3.00	OPERATING ROOM	50.00	181,823	0	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	57,551	0	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	57,551	0	0		5.00
6.00	EMERGENCY	91.00	2,270	0	0		6.00
	TOTALS		1,013,432	0	0		
500.00	Grand Total: Decreases		53,725,541	144,147,329			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/19/2013 9:36 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	30,514,209	0	0	0	0	1.00
2.00	Land Improvements	18,411,665	11,417,407	0	11,417,407	135,543	2.00
3.00	Buildings and Fixtures	1,043,150,557	92,118,002	0	92,118,002	23,721,293	3.00
4.00	Building Improvements	40,156,919	13,547,235	0	13,547,235	187,627	4.00
5.00	Fixed Equipment	374,316,534	46,935,801	0	46,935,801	24,939,651	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	58,718,099	1,887,086	0	1,887,086	1,824,420	7.00
8.00	Subtotal (sum of lines 1-7)	1,565,267,983	165,905,531	0	165,905,531	50,808,534	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,565,267,983	165,905,531	0	165,905,531	50,808,534	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	52,273,036	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,241,663	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	92,514,699	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,225,271,531	0	1,225,271,531	0.729170	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	455,093,449	0	455,093,449	0.270830	0	2.00
3.00	Total (sum of lines 1-2)	1,680,364,980	0	1,680,364,980	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	30,514,209	0		1.00	
2.00	Land Improvements	29,693,529	4,015,569		2.00	
3.00	Buildings and Fixtures	1,111,547,266	131,902,900		3.00	
4.00	Building Improvements	53,516,527	12,531,480		4.00	
5.00	Fixed Equipment	396,312,684	158,011,858		5.00	
6.00	Movable Equipment	0	0		6.00	
7.00	HIT designated Assets	58,780,765	38,855,020		7.00	
8.00	Subtotal (sum of lines 1-7)	1,680,364,980	345,316,827		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	1,680,364,980	345,316,827		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	CAP REL COSTS-BLDG & FIXT	0	52,273,036		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	40,241,663		2.00	
3.00	Total (sum of lines 1-2)	0	92,514,699		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	CAP REL COSTS-BLDG & FIXT	0	0	0	51,402,511	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	40,241,663	0
3.00	Total (sum of lines 1-2)	0	0	0	91,644,174	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
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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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	51,402,511	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	40,241,663	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	91,644,174	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-171,153	ADMINISTRATIVE & GENERAL		5.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,455,714				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients	B	-6,829,045	PHARMACY		15.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant			0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	32.00
33.00 PHYSICIAN ASSISTANT SALARY	A	-465,296	EMERGENCY		91.00	33.00
33.01 PHYSICIAN ASSISTANT SALARY	A	-5,701,494	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00	33.01
33.02 PHYSICIAN ASSISTANT SALARY	A	-295,048	RADIOLOGY-DIAGNOSTIC		54.00	33.02
34.00 PARKING LOT REVENUE OFFSET	B	-870,525	CAP REL COSTS-BLDG & FIXT		1.00	34.00
34.01 PARKING LOT REVENUE OFFSET	B	-529,856	OPERATION OF PLANT		7.00	34.01
36.00 LOBBYING DUES EXPENSE	A	-88,065	ADMINISTRATIVE & GENERAL		5.00	36.00
38.00 DIETARY REVENUE OFFSET	B	-130,898	DIETARY		10.00	38.00
39.00 RESEARCH INSTITUTE EXPENSE	A	35,092,068	RESEARCH		191.00	39.00
40.00 TUITION REVENUE OFFSET	B	-49,950	PARAMED ED PRGM-MEDICAL TECH		23.01	40.00
40.01 TUITION REVENUE OFFSET	B	-670,706	PARAMED ED PRGM-SCHOOL OF ANESTHESI		23.02	40.01
40.02 TUITION REVENUE OFFSET	B	-82,350	EMERGENCY		91.00	40.02
40.03 TUITION REVENUE OFFSET	B	-9,134	CLINIC		90.00	40.03
41.00 MISCELLANEOUS REVENUE OFFSET	B	-38,905	ADMINISTRATIVE & GENERAL		5.00	41.00
41.01 MISCELLANEOUS REVENUE OFFSET	B	-1,654	DIETARY		10.00	41.01
41.02 MISCELLANEOUS REVENUE OFFSET	B	-157,226	ADULTS & PEDIATRICS		30.00	41.02
41.03 MISCELLANEOUS REVENUE OFFSET	B	-26,209	SUBPROVIDER - I PF		40.00	41.03
41.04 MISCELLANEOUS REVENUE OFFSET	B	-13,193	MAGNETIC RESONANCE IMAGING (MRI)		58.00	41.04
41.05 MISCELLANEOUS REVENUE OFFSET	B	-74,954	PHYSICAL THERAPY		66.00	41.05
41.06 MISCELLANEOUS REVENUE OFFSET	B	-335	OCCUPATIONAL THERAPY		67.00	41.06

Provider CCN: 140010
 Period: From 10/01/2011 To 09/30/2012
 Worksheet A-8
 Date/Time Prepared: 2/19/2013 9:36 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
41.07	B	-35,106	ELECTROCARDIOLOGY	69.00	41.07
41.08	B	-97,627	CARDIAC REHABILITATION	76.97	41.08
41.09	B	-668,648	CLINIC	90.00	41.09
41.12	B	-36,087	EMERGENCY	91.00	41.12
42.00	A	-26,649	EMPLOYEE BENEFITS	4.00	42.00
42.01	A	-4,885,607	ADMINISTRATIVE & GENERAL	5.00	42.01
42.02	A	-218,081	PHARMACY	15.00	42.02
42.03	A	-11,125	I&R SRVCES-OTHER PRGM COSTS	22.00	42.03
42.04	A	-4,966	APPRVD		
42.04	A	-4,966	ADULTS & PEDIATRICS	30.00	42.04
42.05	A	-943	RADIOLOGY-THERAPEUTIC	55.00	42.05
42.06	A	-1,337	LABORATORY	60.00	42.06
42.07	A	72	PHYSICAL THERAPY	66.00	42.07
42.08	A	-429,707	CLINIC	90.00	42.08
44.01	B	-1,604,475	I&R SRVCES-OTHER PRGM COSTS	22.00	44.01
44.02	B	-67,073	APPRVD		
44.02	B	-67,073	LABORATORY	60.00	44.02
44.03	B	-72,333	RADIOLOGY-DIAGNOSTIC	54.00	44.03
44.04	B	-64,804	RADIOLOGY-THERAPEUTIC	55.00	44.04
46.00	B	-369,104	CLINIC	90.00	46.00
47.00	B	-3,622,718	CAFETERIA	11.00	47.00
48.00	B	-247,031	ADMINISTRATIVE & GENERAL	5.00	48.00
50.00		2,967,009			50.00
TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)					

ADJUSTMENTS TO EXPENSES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	PHYSICIAN ASSISTANT SALARY	0	33.00
33.01	PHYSICIAN ASSISTANT SALARY	0	33.01
33.02	PHYSICIAN ASSISTANT SALARY	0	33.02
34.00	PARKING LOT REVENUE OFFSET	9	34.00
34.01	PARKING LOT REVENUE OFFSET	0	34.01
36.00	LOBBYING DUES EXPENSE	0	36.00
38.00	DIETARY REVENUE OFFSET	0	38.00
39.00	RESEARCH INSTITUTE EXPENSE	0	39.00
40.00	TUITION REVENUE OFFSET	0	40.00
40.01	TUITION REVENUE OFFSET	0	40.01
40.02	TUITION REVENUE OFFSET	0	40.02
40.03	TUITION REVENUE OFFSET	0	40.03
41.00	MISCELLANEOUS REVENUE OFFSET	0	41.00
41.01	MISCELLANEOUS REVENUE OFFSET	0	41.01
41.02	MISCELLANEOUS REVENUE OFFSET	0	41.02
41.03	MISCELLANEOUS REVENUE OFFSET	0	41.03
41.04	MISCELLANEOUS REVENUE OFFSET	0	41.04
41.05	MISCELLANEOUS REVENUE OFFSET	0	41.05
41.06	MISCELLANEOUS REVENUE OFFSET	0	41.06
41.07	MISCELLANEOUS REVENUE OFFSET	0	41.07
41.08	MISCELLANEOUS REVENUE OFFSET	0	41.08
41.09	MISCELLANEOUS REVENUE OFFSET	0	41.09
41.12	MISCELLANEOUS REVENUE OFFSET	0	41.12
42.00	NON-ALLOWABLE CORPORATE EXPENSE	0	42.00
42.01	NON-ALLOWABLE CORPORATE EXPENSE	0	42.01
42.02	NON-ALLOWABLE CORPORATE EXPENSE	0	42.02
42.03	NON-ALLOWABLE CORPORATE EXPENSE	0	42.03
42.04	NON-ALLOWABLE CORPORATE EXPENSE	0	42.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
42.05	NON-ALLOWABLE CORPORATE EXPENSE	0	42.05
42.06	NON-ALLOWABLE CORPORATE EXPENSE	0	42.06
42.07	NON-ALLOWABLE CORPORATE EXPENSE	0	42.07
42.08	NON-ALLOWABLE CORPORATE EXPENSE	0	42.08
44.01	DEPT CHAIR ENDOWMENT REVENUE OF	0	44.01
44.02	DEPT CHAIR ENDOWMENT REVENUE OF	0	44.02
44.03	DEPT CHAIR ENDOWMENT REVENUE OF	0	44.03
44.04	DEPT CHAIR ENDOWMENT REVENUE OF	0	44.04
46.00	RENTAL REVENUE OFFSET	0	46.00
47.00	CAFETERIA REVENUE OFFSET	0	47.00
48.00	NSCI INCOME OFFSET	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

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		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		4.00	EMPLOYEE BENEFITS	59,497	0	1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	3,650	0	2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	165,450	0	3.00
4.00		5.00	ADMINISTRATIVE & GENERAL	7,299	0	4.00
5.00		5.00	ADMINISTRATIVE & GENERAL	28,716	0	5.00
6.00		5.00	ADMINISTRATIVE & GENERAL	5,153	0	6.00
7.00		30.00	ADULTS & PEDIATRICS	17,849	0	7.00
8.00		54.00	RADIOLOGY-DIAGNOSTIC	859,290	0	8.00
9.00		55.00	RADIOLOGY-THERAPEUTIC	267,817	0	9.00
10.00		56.00	RADIOISOTOPE	223,582	0	10.00
11.00		60.00	LABORATORY	507,988	0	11.00
12.00		60.00	LABORATORY	4,495,407	0	12.00
13.00		60.01	VASCULAR LAB	23,650	0	13.00
14.00		66.00	PHYSICAL THERAPY	81,131	0	14.00
15.00		69.00	ELECTROCARDIOLOGY	30,128	0	15.00
16.00		90.00	CLINIC	33,327	0	16.00
17.00		90.00	CLINIC	103,649	0	17.00
18.00		91.00	EMERGENCY	29,727	0	18.00
200.00				6,943,310	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

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	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	59,497	165,600	475	37,817	1,891	1.00
2.00	3,650	200,300	26	2,504	125	2.00
3.00	165,450	165,600	1,269	101,032	5,052	3.00
4.00	7,299	177,200	24	2,045	102	4.00
5.00	28,716	196,400	248	23,417	1,171	5.00
6.00	5,153	208,000	21	2,100	105	6.00
7.00	17,849	138,700	52	3,468	173	7.00
8.00	859,290	225,300	3,531	382,468	19,123	8.00
9.00	267,817	225,300	809	87,629	4,381	9.00
10.00	223,582	177,200	615	52,393	2,620	10.00
11.00	507,988	165,600	2,112	168,148	8,407	11.00
12.00	4,495,407	215,700	23,670	2,454,625	122,731	12.00
13.00	23,650	208,000	84	8,400	420	13.00
14.00	81,131	177,200	436	37,144	1,857	14.00
15.00	30,128	165,600	126	10,032	502	15.00
16.00	33,327	140,600	306	20,684	1,034	16.00
17.00	103,649	154,100	996	73,790	3,690	17.00
18.00	29,727	208,000	199	19,900	995	18.00
200.00	6,943,310		34,999	3,487,596	174,379	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

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	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	37,817	1.00
2.00	0	0	0	0	2,504	2.00
3.00	0	0	0	0	101,032	3.00
4.00	0	0	0	0	2,045	4.00
5.00	0	0	0	0	23,417	5.00
6.00	0	0	0	0	2,100	6.00
7.00	0	0	0	0	3,468	7.00
8.00	0	0	0	0	382,468	8.00
9.00	0	0	0	0	87,629	9.00
10.00	0	0	0	0	52,393	10.00
11.00	0	0	0	0	168,148	11.00
12.00	0	0	0	0	2,454,625	12.00
13.00	0	0	0	0	8,400	13.00
14.00	0	0	0	0	37,144	14.00
15.00	0	0	0	0	10,032	15.00
16.00	0	0	0	0	20,684	16.00
17.00	0	0	0	0	73,790	17.00
18.00	0	0	0	0	19,900	18.00
200.00	0	0	0	0	3,487,596	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	21,680	21,680	1.00
2.00	1,146	1,146	2.00
3.00	64,418	64,418	3.00
4.00	5,254	5,254	4.00
5.00	5,299	5,299	5.00
6.00	3,053	3,053	6.00
7.00	14,381	14,381	7.00
8.00	476,822	476,822	8.00
9.00	180,188	180,188	9.00
10.00	171,189	171,189	10.00
11.00	339,840	339,840	11.00
12.00	2,040,782	2,040,782	12.00
13.00	15,250	15,250	13.00
14.00	43,987	43,987	14.00
15.00	20,096	20,096	15.00
16.00	12,643	12,643	16.00
17.00	29,859	29,859	17.00
18.00	9,827	9,827	18.00
200.00	3,455,714	3,455,714	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	51,402,511	51,402,511			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	40,241,663		40,241,663		2.00
4.00 00400	EMPLOYEE BENEFITS	15,312,634	533,384	48,564	15,894,582	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	204,333,974	14,181,554	16,473,210	3,028,397	238,017,135
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	40,567,036	14,872,664	216,227	14,008	55,669,935
8.00 00800	LAUNDRY & LINEN SERVICE	4,338,642	92,391	0	0	4,431,033
9.00 00900	HOUSEKEEPING	11,733,750	321,038	47,796	0	12,102,584
10.00 01000	DIETARY	11,162,200	552,381	91,719	8,025	11,814,325
11.00 01100	CAFETERIA	665,044	430,275	21,214	0	1,116,533
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	8,542,937	125,981	25,808	240,394	8,935,120
14.00 01400	CENTRAL SERVICES & SUPPLY	10,684,236	0	0	117,113	10,801,349
15.00 01500	PHARMACY	109,858,324	0	0	481,903	110,340,227
16.00 01600	MEDICAL RECORDS & LIBRARY	5,848,497	236,020	9,309	147,260	6,241,086
17.00 01700	SOCIAL SERVICE	4,585,875	72,984	0	115,499	4,774,358
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	31,332,469	783,145	110,856	779,001	33,005,471
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	1,256,636	4,779	0	35,067	1,296,482
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	144,421	14,201	0	5,878	164,500
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	-61,782	1,383	0	15,879	-44,520
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,172,024	3,106,618	1,790,169	1,660,156	67,728,967
31.00 03100	INTENSIVE CARE UNIT	16,041,936	611,165	816,174	435,433	17,904,708
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	10,549,709	166,075	323,816	293,551	11,333,151
32.00 03200	CORONARY CARE UNIT	5,401,580	203,335	10,936	148,217	5,764,068
40.00 04000	SUBPROVIDER - IPF	5,924,107	296,357	10,785	172,769	6,404,018
41.00 04100	SUBPROVIDER - IRF	2,301,678	144,807	10,264	64,604	2,521,353
43.00 04300	NURSERY	3,474,002	44,668	0	119,294	3,637,964
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	26,314,197	1,335,850	4,627,078	555,498	32,832,623
51.00 05100	RECOVERY ROOM	3,932,472	134,379	145,086	110,396	4,322,333
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,735,300	609,833	303,808	223,856	9,872,797
53.00 05300	ANESTHESIOLOGY	2,805,994	65,406	356,672	37,589	3,265,661
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,957,600	1,268,584	3,812,729	717,439	32,756,352
55.00 05500	RADIOLOGY-THERAPEUTIC	6,118,030	327,882	1,343,742	160,536	7,950,190
56.00 05600	RADIOISOTOPE	5,183,972	184,935	426,337	98,779	5,894,023
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,326,733	94,695	787,013	114,601	6,323,042
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,660,138	284,972	2,217,448	113,256	7,275,814
59.00 05900	CARDIAC CATHETERIZATION	2,720,968	260,394	654,126	62,467	3,697,955
60.00 06000	LABORATORY	39,497,344	838,002	869,354	700,743	41,905,443
60.01 06001	VASCULAR LAB	1,537,623	35,075	195,032	41,443	1,809,173
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	2,069,571	46,938	28,233	43,257	2,187,999
64.00 06400	INTRAVENOUS THERAPY	2,702,298	7,493	3,579	62,583	2,775,953
65.00 06500	RESPIRATORY THERAPY	7,032,161	79,180	156,420	157,051	7,424,812
66.00 06600	PHYSICAL THERAPY	19,820,574	427,407	70,058	534,135	20,852,174
67.00 06700	OCCUPATIONAL THERAPY	2,777,268	44,122	5,748	80,140	2,907,278
68.00 06800	SPEECH PATHOLOGY	911,413	5,854	676	26,039	943,982
69.00 06900	ELECTROCARDIOLOGY	5,160,108	207,397	437,494	142,591	5,947,590
70.00 07000	ELECTROENCEPHALOGRAPHY	1,329,120	57,759	132,018	35,439	1,554,336
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	18,725,326	199,409	117,298	0	19,042,033
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	46,058,883	290,554	170,905	0	46,520,342
73.00 07300	DRUGS CHARGED TO PATIENTS	0	223,134	86,893	0	310,027
74.00 07400	RENAL DIALYSIS	4,458,226	193,964	81,788	68,318	4,802,296
75.00 07500	ASC (NON-DISTINCT PART)	6,505,520	501,262	30,216	174,273	7,211,271
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	699,083	92,118	20,610	22,607	834,418
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	94,003,006	2,511,293	1,303,509	1,883,524	99,701,332
91.00 09100	EMERGENCY	19,889,803	832,165	309,691	565,996	21,597,655
92.00 09200	OBSERVATION BEDS	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	11,712,989	155,407	11,830	267,063	12,147,289
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
116.00 11600 HOSPICE	5,058,987	69,229	2,854	85,390	5,216,460	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,039,518,810	48,179,897	38,715,092	14,967,457	1,033,842,500	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	35,092,068	475,864	1,365,412	0	36,933,344	191.00
193.01 19301 NON-ALLOWABLE COST	60,378,415	2,746,750	161,159	927,125	64,213,449	193.01
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)	1,134,989,293	51,402,511	40,241,663	15,894,582	1,134,989,293	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part I Date/Time Prepared: 2/19/2013 9:36 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	238,017,135				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	14,771,628	0	70,441,563		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,175,744	0	298,335	5,905,112	8.00
9.00	00900	HOUSEKEEPING	3,211,336	0	1,036,649	11,026	16,361,595
10.00	01000	DIETARY	3,134,848	0	1,783,670	5,513	422,300
11.00	01100	CAFETERIA	296,264	0	1,389,381	0	328,948
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,370,872	0	406,800	0	96,314
14.00	01400	CENTRAL SERVICES & SUPPLY	2,866,062	0	0	0	0
15.00	01500	PHARMACY	29,278,049	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,656,028	0	762,123	0	180,439
17.00	01700	SOCIAL SERVICE	1,266,842	0	235,670	0	55,797
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	8,757,771	0	2,528,818	0	598,720
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	344,012	0	15,432	0	3,654
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	43,649	0	45,855	0	10,857
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	4,464	0	1,057
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,971,407	0	10,031,448	1,740,968	2,375,035
31.00	03100	INTENSIVE CARE UNIT	4,750,889	0	1,973,485	255,263	467,240
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	3,007,172	0	536,264	74,594	126,965
32.00	03200	CORONARY CARE UNIT	1,529,455	0	656,579	212,700	155,451
40.00	04000	SUBPROVIDER - IPF	1,699,261	0	956,953	129,837	226,567
41.00	04100	SUBPROVIDER - IRF	669,023	0	467,591	131,215	110,706
43.00	04300	NURSERY	965,308	0	144,235	0	34,149
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,711,907	0	4,313,536	278,032	1,021,268
51.00	05100	RECOVERY ROOM	1,146,901	0	433,916	155,583	102,734
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,619,678	0	1,969,186	229,791	466,222
53.00	05300	ANESTHESIOLOGY	866,520	0	211,199	0	50,003
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,691,669	0	4,096,330	294,792	969,842
55.00	05500	RADIOLOGY-THERAPEUTIC	2,109,527	0	1,058,749	97,088	250,668
56.00	05600	RADIOISOTOPE	1,563,938	0	597,166	65,166	141,384
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,677,775	0	305,775	21,281	72,395
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,930,586	0	920,192	54,140	217,864
59.00	05900	CARDIAC CATHETERIZATION	981,226	0	840,827	132,042	199,073
60.00	06000	LABORATORY	11,119,316	0	2,705,956	22,108	640,659
60.01	06001	VASCULAR LAB	480,051	0	113,260	90,252	26,815
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	580,570	0	151,565	2,757	35,884
64.00	06400	INTRAVENOUS THERAPY	736,580	0	24,195	2,757	5,728
65.00	06500	RESPIRATORY THERAPY	1,970,122	0	255,676	0	60,534
66.00	06600	PHYSICAL THERAPY	5,532,978	0	1,380,122	67,427	326,756
67.00	06700	OCCUPATIONAL THERAPY	771,426	0	142,471	79,005	33,731
68.00	06800	SPEECH PATHOLOGY	250,479	0	18,904	0	4,476
69.00	06900	ELECTROCARDIOLOGY	1,578,151	0	669,696	111,092	158,557
70.00	07000	ELECTROENCEPHALOGRAPHY	412,432	0	186,507	68,309	44,157
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,052,670	0	643,903	66,600	152,450
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,343,847	0	938,214	96,978	222,130
73.00	07300	DRUGS CHARGED TO PATIENTS	82,263	0	720,512	0	170,588
74.00	07400	RENAL DIALYSIS	1,274,256	0	626,321	130,774	148,287
75.00	07500	ASC (NON-DISTINCT PART)	1,913,460	0	1,618,603	334,984	383,218
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	221,407	0	297,453	10,089	70,425
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	26,455,051	0	8,109,106	476,288	1,919,903
91.00	09100	EMERGENCY	5,730,787	0	2,687,107	456,661	636,196
92.00	09200	OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,223,198	0	501,817	0	118,810
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,384,151	0	223,544	0	52,926
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	211,178,542	0	60,035,560	5,905,112	13,897,882
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	9,800,004	0	1,536,592	0	363,802
193.01	19301	NON-ALLOWABLE COST	17,038,589	0	8,869,411	0	2,099,911

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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)	238,017,135	0	70,441,563	5,905,112	16,361,595	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part I Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	17,160,656					10.00
11.00	01100	CAFETERIA	0	3,131,126				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	55,940	0	11,865,046		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	13,667,411	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	51,935	0	8,274	0	16.00
17.00	01700	SOCIAL SERVICE	0	30,135	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	98,759	131,126	0	107,563	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	12,553	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,533	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	2,637	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,024,857	551,534	0	3,781,262	0	30.00
31.00	03100	INTENSIVE CARE UNIT	867,857	108,852	0	1,042,535	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	28,626	68,906	0	761,216	0	31.01
32.00	03200	CORONARY CARE UNIT	833,089	43,040	0	322,690	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,126,118	50,284	0	223,400	0	40.00
41.00	04100	SUBPROVIDER - I RF	516,196	20,287	0	115,837	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,513	139,592	0	943,246	0	50.00
51.00	05100	RECOVERY ROOM	0	22,453	0	264,771	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	767,124	68,360	0	645,379	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,067	0	49,645	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,897	203,588	0	215,126	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	30,494	0	33,096	0	55.00
56.00	05600	RADIOISOTOPE	9,957	22,912	0	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	29,053	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,639	0	16,548	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,945	14,958	0	115,837	0	59.00
60.00	06000	LABORATORY	14,665	201,895	0	16,548	0	60.00
60.01	06001	VASCULAR LAB	0	10,427	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,214	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,186	0	165,482	0	64.00
65.00	06500	RESPIRATORY THERAPY	406	46,293	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,330	144,799	0	8,274	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,177	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,345	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,932	40,664	0	115,837	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,110	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	24,255	0	0	3,937,101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	35,340	0	0	9,684,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	111,414	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	47,648	19,140	0	91,015	1,925	74.00
75.00	07500	ASC (NON-DISTINCT PART)	314,972	43,182	0	388,882	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	460	5,627	0	33,096	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	977,872	217,593	0	1,017,713	0	90.00
91.00	09100	EMERGENCY	340,433	142,715	0	868,780	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	69,716	0	355,786	29,019	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	20,042	0	107,563	15,228	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	17,160,656	2,895,012	0	11,815,401	13,667,411	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	89,167	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
193.01	19301	NON-ALLOWABLE COST	0	146,947	0	49,645	0	193.01
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)	17,160,656	3,131,126	0	11,865,046	13,667,411	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	139,618,276					15.00
16.00	01600	0	8,899,885				16.00
17.00	01700	0	0	6,362,802			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	167	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	14,482	663,601	3,050,346	0	0	30.00
31.00	03100	1,237	146,257	488,471	0	0	31.00
31.01	03101	11,580	136,721	0	0	0	31.01
32.00	03200	515	45,843	244,708	0	0	32.00
40.00	04000	0	56,708	0	0	0	40.00
41.00	04100	33	23,017	198,032	0	0	41.00
43.00	04300	0	21,425	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	102,508	672,144	0	0	0	50.00
51.00	05100	1,560	131,087	0	0	0	51.00
52.00	05200	14,108	144,147	0	0	0	52.00
53.00	05300	892,559	106,774	0	0	0	53.00
54.00	05400	87,271	563,082	0	0	0	54.00
55.00	05500	1,088	208,208	5,666	0	0	55.00
56.00	05600	113,898	137,260	0	0	0	56.00
57.00	05700	298,331	565,464	0	0	0	57.00
58.00	05800	27,135	379,770	0	0	0	58.00
59.00	05900	38,916	177,888	0	0	0	59.00
60.00	06000	17,022	956,939	0	0	0	60.00
60.01	06001	0	62,602	0	0	0	60.01
63.00	06300	62,136	32,639	0	0	0	63.00
64.00	06400	25,977	17,774	0	0	0	64.00
65.00	06500	6,389	111,778	0	0	0	65.00
66.00	06600	9,405	199,798	0	0	0	66.00
67.00	06700	78	33,698	0	0	0	67.00
68.00	06800	0	12,493	0	0	0	68.00
69.00	06900	33,109	289,386	0	0	0	69.00
70.00	07000	0	25,489	0	0	0	70.00
71.00	07100	299	303,912	0	0	0	71.00
72.00	07200	434	442,214	0	0	0	72.00
73.00	07300	134,731,611	1,006,262	0	0	0	73.00
74.00	07400	1,186,339	56,064	297,049	0	0	74.00
75.00	07500	2,196	44,309	7,419	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	74	6,298	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	279,257	527,652	814,118	0	0	90.00
91.00	09100	64,347	513,015	53,690	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	1,134,733	52,443	291,383	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	407,687	25,724	911,920	0	0	116.00
118.00		139,566,481	8,899,885	6,362,802	0	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	48,849	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
193.01	19301 NON-ALLOWABLE COST	2,946	0	0	0	0	0 193.01
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	139,618,276	8,899,885	6,362,802	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY RESIDENCY	PARAMED PRGM-MEDICAL TECH	PARAMED PRGM-SCHOOL OF ANESTHESIA	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	45,228,395				22.00
23.00 02300 PARAMED PRGM-PHARMACY RESIDENCY	0	0	1,672,133			23.00
23.01 02301 PARAMED PRGM-MEDICAL TECH	0	0	0	266,394		23.01
23.02 02302 PARAMED PRGM-SCHOOL OF ANESTHESIA	0	0	0	0	-36,362	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	25,739,122	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	0	290,520	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	932,595	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	217,280	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	6,120,457	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	2,275,335	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,603,965	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	388,174	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	2,836,845	0	266,394	0	60.00
60.01 06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	498,035	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,672,133	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	969,215	0	0	0	90.00
91.00 09100 EMERGENCY	0	3,356,852	0	0	0	91.00
92.00 09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	45,228,395	1,672,133	266,394	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS							
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	PARAMED ED PRGM-PHARMACY RESIDENCY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI			
	21.00	22.00	23.00	23.01	23.02			
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-36,362	201.00
202.00		TOTAL (sum lines 118-201)	0	45,228,395	1,672,133	266,394	-36,362	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	144,673,029	-25,739,122	118,933,907	30.00
31.00	03100	28,006,794	0	28,006,794	31.00
31.01	03101	16,375,715	-290,520	16,085,195	31.01
32.00	03200	9,808,138	0	9,808,138	32.00
40.00	04000	11,805,741	-932,595	10,873,146	40.00
41.00	04100	4,990,570	-217,280	4,773,290	41.00
43.00	04300	4,803,081	0	4,803,081	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	55,183,826	-6,120,457	49,063,369	50.00
51.00	05100	6,581,338	0	6,581,338	51.00
52.00	05200	16,796,792	0	16,796,792	52.00
53.00	05300	7,729,763	-2,275,335	5,454,428	53.00
54.00	05400	49,559,914	-1,603,965	47,955,949	54.00
55.00	05500	12,132,948	-388,174	11,744,774	55.00
56.00	05600	8,545,704	0	8,545,704	56.00
57.00	05700	9,293,116	0	9,293,116	57.00
58.00	05800	10,850,688	0	10,850,688	58.00
59.00	05900	6,246,667	0	6,246,667	59.00
60.00	06000	60,703,790	-2,836,845	57,866,945	60.00
60.01	06001	2,592,580	0	2,592,580	60.01
63.00	06300	3,065,764	0	3,065,764	63.00
64.00	06400	3,767,632	0	3,767,632	64.00
65.00	06500	9,876,010	0	9,876,010	65.00
66.00	06600	28,527,063	0	28,527,063	66.00
67.00	06700	3,987,864	0	3,987,864	67.00
68.00	06800	1,236,679	0	1,236,679	68.00
69.00	06900	9,454,049	-498,035	8,956,014	69.00
70.00	07000	2,300,340	0	2,300,340	70.00
71.00	07100	29,223,223	0	29,223,223	71.00
72.00	07200	70,283,637	0	70,283,637	72.00
73.00	07300	138,804,810	0	138,804,810	73.00
74.00	07400	8,681,114	-466,854	8,214,260	74.00
75.00	07500	12,262,496	0	12,262,496	75.00
76.00	03950	0	0	0	76.00
76.97	07697	1,479,347	0	1,479,347	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	141,465,100	-969,215	140,495,885	90.00
91.00	09100	36,448,238	-3,356,852	33,091,386	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	17,924,194	0	17,924,194	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	8,365,245	0	8,365,245	116.00
118.00		993,832,999	-45,695,249	948,137,750	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	48,771,758	0	48,771,758	191.00
193.01	19301	NON-ALLOWABLE COST	92,420,898	0	92,420,898	193.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-36,362	0	-36,362	201.00
202.00		TOTAL (sum lines 118-201)	1,134,989,293	-45,695,249	1,089,294,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	533,384	48,564	581,948	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	14,181,554	16,473,210	30,654,764	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	14,872,664	216,227	15,088,891	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	92,391	0	92,391	8.00
9.00 00900	HOUSEKEEPING	0	321,038	47,796	368,834	9.00
10.00 01000	DIETARY	0	552,381	91,719	644,100	10.00
11.00 01100	CAFETERIA	0	430,275	21,214	451,489	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	125,981	25,808	151,789	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	236,020	9,309	245,329	16.00
17.00 01700	SOCIAL SERVICE	0	72,984	0	72,984	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	783,145	110,856	894,001	22.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	4,779	0	4,779	23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH	0	14,201	0	14,201	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	1,383	0	1,383	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,106,618	1,790,169	4,896,787	30.00
31.00 03100	INTENSIVE CARE UNIT	0	611,165	816,174	1,427,339	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	166,075	323,816	489,891	31.01
32.00 03200	CORONARY CARE UNIT	0	203,335	10,936	214,271	32.00
40.00 04000	SUBPROVIDER - I PF	0	296,357	10,785	307,142	40.00
41.00 04100	SUBPROVIDER - I RF	0	144,807	10,264	155,071	41.00
43.00 04300	NURSERY	0	44,668	0	44,668	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,335,850	4,627,078	5,962,928	50.00
51.00 05100	RECOVERY ROOM	0	134,379	145,086	279,465	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	609,833	303,808	913,641	52.00
53.00 05300	ANESTHESIOLOGY	0	65,406	356,672	422,078	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,268,584	3,812,729	5,081,313	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	327,882	1,343,742	1,671,624	55.00
56.00 05600	RADIOISOTOPE	0	184,935	426,337	611,272	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	94,695	787,013	881,708	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	284,972	2,217,448	2,502,420	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	260,394	654,126	914,520	59.00
60.00 06000	LABORATORY	0	838,002	869,354	1,707,356	60.00
60.01 06001	VASCULAR LAB	0	35,075	195,032	230,107	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	46,938	28,233	75,171	63.00
64.00 06400	INTRAVENOUS THERAPY	0	7,493	3,579	11,072	64.00
65.00 06500	RESPIRATORY THERAPY	0	79,180	156,420	235,600	65.00
66.00 06600	PHYSICAL THERAPY	0	427,407	70,058	497,465	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	44,122	5,748	49,870	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,854	676	6,530	68.00
69.00 06900	ELECTROCARDIOLOGY	0	207,397	437,494	644,891	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	57,759	132,018	189,777	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	199,409	117,298	316,707	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	290,554	170,905	461,459	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	223,134	86,893	310,027	73.00
74.00 07400	RENAL DIALYSIS	0	193,964	81,788	275,752	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	501,262	30,216	531,478	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	92,118	20,610	112,728	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	2,511,293	1,303,509	3,814,802	90.00
91.00 09100	EMERGENCY	0	832,165	309,691	1,141,856	91.00
92.00 09200	OBSERVATION BEDS	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	155,407	11,830	167,237	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	69,229	2,854	72,083	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00					
118.00	0	48,179,897	38,715,092	86,894,989	548,003	118.00		
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	475,864	1,365,412	1,841,276	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	2,746,750	161,159	2,907,909	33,945	193.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	51,402,511	40,241,663	91,644,174	581,948	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/19/2013 9:36 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,765,639					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,909,367	0	16,998,771			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	151,976	0	71,993	316,360		8.00
9.00	00900	HOUSEKEEPING	415,094	0	250,161	591	1,034,680	9.00
10.00	01000	DIETARY	405,208	0	430,431	295	26,706	10.00
11.00	01100	CAFETERIA	38,295	0	335,282	0	20,802	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	306,457	0	98,168	0	6,091	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	370,465	0	0	0	0	14.00
15.00	01500	PHARMACY	3,784,209	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	214,057	0	183,914	0	11,411	16.00
17.00	01700	SOCIAL SERVICE	163,751	0	56,871	0	3,528	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	1,132,022	0	610,248	0	37,862	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	44,467	0	3,724	0	231	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	5,642	0	11,066	0	687	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	1,077	0	67	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,322,968	0	2,420,762	93,272	150,194	30.00
31.00	03100	INTENSIVE CARE UNIT	614,096	0	476,236	13,675	29,547	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	388,704	0	129,410	3,996	8,029	31.01
32.00	03200	CORONARY CARE UNIT	197,696	0	158,444	11,395	9,830	32.00
40.00	04000	SUBPROVIDER - IPF	219,645	0	230,929	6,956	14,328	40.00
41.00	04100	SUBPROVIDER - IRF	86,477	0	112,838	7,030	7,001	41.00
43.00	04300	NURSERY	124,775	0	34,806	0	2,160	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,126,093	0	1,040,931	14,895	64,583	50.00
51.00	05100	RECOVERY ROOM	148,247	0	104,712	8,335	6,497	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	338,617	0	475,199	12,311	29,483	52.00
53.00	05300	ANESTHESIOLOGY	112,006	0	50,966	0	3,162	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,123,477	0	988,515	15,793	61,331	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	272,676	0	255,495	5,201	15,852	55.00
56.00	05600	RADIOISOTOPE	202,153	0	144,106	3,491	8,941	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	216,868	0	73,789	1,140	4,578	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	249,546	0	222,058	2,900	13,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	126,832	0	202,906	7,074	12,589	59.00
60.00	06000	LABORATORY	1,437,273	0	652,994	1,184	40,514	60.00
60.01	06001	VASCULAR LAB	62,051	0	27,332	4,835	1,696	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	75,044	0	36,575	148	2,269	63.00
64.00	06400	INTRAVENOUS THERAPY	95,210	0	5,839	148	362	64.00
65.00	06500	RESPIRATORY THERAPY	254,656	0	61,699	0	3,828	65.00
66.00	06600	PHYSICAL THERAPY	715,188	0	333,047	3,612	20,664	66.00
67.00	06700	OCCUPATIONAL THERAPY	99,714	0	34,381	4,233	2,133	67.00
68.00	06800	SPEECH PATHOLOGY	32,377	0	4,562	0	283	68.00
69.00	06900	ELECTROCARDIOLOGY	203,990	0	161,609	5,952	10,027	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,311	0	45,007	3,660	2,792	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	653,104	0	155,385	3,568	9,641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,595,555	0	226,407	5,195	14,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,633	0	173,872	0	10,788	73.00
74.00	07400	RENAL DIALYSIS	164,709	0	151,142	7,006	9,377	74.00
75.00	07500	ASC (NON-DISTINCT PART)	247,332	0	390,597	17,946	24,234	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	28,619	0	71,781	541	4,454	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,419,556	0	1,956,868	25,517	121,411	90.00
91.00	09100	EMERGENCY	740,756	0	648,446	24,465	40,232	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	416,628	0	121,097	0	7,513	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	178,914	0	53,945	0	3,347	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,296,506	0	14,487,622	316,360	878,879	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	1,266,740	0	370,806	0	23,006	191.00
193.01	19301	NON-ALLOWABLE COST	2,202,393	0	2,140,343	0	132,795	193.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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)	30,765,639	0	16,998,771	316,360	1,034,680	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part II Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,507,034					10.00
11.00	01100	CAFETERIA	0	845,868				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	15,112	0	586,419		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	374,753	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,030	0	409	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,141	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	8,673	35,423	0	5,316	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	3,391	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	414	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	712	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	968,193	148,996	0	186,886	0	30.00
31.00	03100	INTENSIVE CARE UNIT	76,214	29,406	0	51,526	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,514	18,615	0	37,622	0	31.01
32.00	03200	CORONARY CARE UNIT	73,161	11,627	0	15,949	0	32.00
40.00	04000	SUBPROVIDER - I PF	98,895	13,584	0	11,041	0	40.00
41.00	04100	SUBPROVIDER - I RF	45,332	5,480	0	5,725	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,260	37,711	0	46,619	0	50.00
51.00	05100	RECOVERY ROOM	0	6,066	0	13,086	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,368	18,467	0	31,897	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,260	0	2,454	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,841	54,999	0	10,632	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,238	0	1,636	0	55.00
56.00	05600	RADIOISOTOPE	874	6,190	0	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	7,849	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,737	0	818	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,211	4,041	0	5,725	0	59.00
60.00	06000	LABORATORY	1,288	54,542	0	818	0	60.00
60.01	06001	VASCULAR LAB	0	2,817	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,300	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,562	0	8,179	0	64.00
65.00	06500	RESPIRATORY THERAPY	36	12,506	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	468	39,117	0	409	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,451	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,714	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,048	10,985	0	5,725	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,461	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	6,552	0	0	107,952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,547	0	0	265,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,098	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,184	5,171	0	4,498	53	74.00
75.00	07500	ASC (NON-DISTINCT PART)	27,661	11,666	0	19,220	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	40	1,520	0	1,636	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	85,876	58,782	0	50,300	0	90.00
91.00	09100	EMERGENCY	29,897	38,554	0	42,939	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	18,834	0	17,584	796	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,414	0	5,316	418	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	1,507,034	782,082	0	583,965	374,753	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	24,088	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part II Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
193.01	19301	NON-ALLOWABLE COST	0	39,698	0	2,454	0	193.01
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)	1,507,034	845,868	0	586,419	374,753	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part II Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	3,801,853				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	674,542			16.00
17.00	01700	SOCIAL SERVICE	0	0	309,504		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	5	0	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	394	50,334	148,376		30.00
31.00	03100	INTENSIVE CARE UNIT	34	11,094	23,761		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	315	10,370	0		31.01
32.00	03200	CORONARY CARE UNIT	14	3,477	11,903		32.00
40.00	04000	SUBPROVIDER - I PF	0	4,301	0		40.00
41.00	04100	SUBPROVIDER - I RF	1	1,746	9,633		41.00
43.00	04300	NURSERY	0	1,625	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,791	50,982	0		50.00
51.00	05100	RECOVERY ROOM	42	9,943	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	384	10,934	0		52.00
53.00	05300	ANESTHESIOLOGY	24,305	8,099	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,376	42,710	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30	15,793	276		55.00
56.00	05600	RADIOISOTOPE	3,101	10,411	0		56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,124	42,891	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	739	28,806	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,060	13,493	0		59.00
60.00	06000	LABORATORY	464	72,584	0		60.00
60.01	06001	VASCULAR LAB	0	4,748	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,692	2,476	0		63.00
64.00	06400	INTRAVENOUS THERAPY	707	1,348	0		64.00
65.00	06500	RESPIRATORY THERAPY	174	8,478	0		65.00
66.00	06600	PHYSICAL THERAPY	256	15,155	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2	2,556	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	948	0		68.00
69.00	06900	ELECTROCARDIOLOGY	902	21,950	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,933	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8	23,052	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12	33,542	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,668,789	75,808	0		73.00
74.00	07400	RENAL DIALYSIS	32,304	4,252	14,449		74.00
75.00	07500	ASC (NON-DISTINCT PART)	60	3,361	361		75.00
76.00	03950	BLANK	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	2	478	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,604	40,023	39,601		90.00
91.00	09100	EMERGENCY	1,752	38,912	2,612		91.00
92.00	09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	30,899	3,978	14,174		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	11,101	1,951	44,358		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,800,443	674,542	309,504	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	1,330	0	0		191.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part II Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
193.01	19301	NON-ALLOWABLE COST	80	0	0			193.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,801,853	674,542	309,504	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

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Cost Center Description	INTERNS & RESIDENTS					
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	PARAMED PRGM-PHARMACY RESIDENCY	PARAMED PRGM-MEDICAL TECH	PARAMED PRGM-SCHOOL OF ANESTHESIA	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		2,752,072			22.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY			57,876		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH				32,225	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA					3,820
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)					31.01
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - IPF					40.00
41.00 04100	SUBPROVIDER - IRF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	VASCULAR LAB					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
76.00 03950	BLANK					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE					116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

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Cost Center Description	INTERNS & RESIDENTS							
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	PARAMED ED PRGM-PHARMACY RESIDENCY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI			
	21.00	22.00	23.00	23.01	23.02			
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH					191.00	
193.01	19301	NON-ALLOWABLE COST					193.01	
200.00		Cross Foot Adjustments	0	2,752,072	57,876	32,225	0	200.00
201.00		Negative Cost Centers	0	0	0	0	3,820	201.00
202.00		TOTAL (sum lines 118-201)	0	2,752,072	57,876	32,225	3,820	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/19/2013 9:36 am
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY				23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH				23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,447,945	0	11,447,945	30.00
31.00	03100	INTENSIVE CARE UNIT	2,768,871	0	2,768,871	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	1,100,214	0	1,100,214	31.01
32.00	03200	CORONARY CARE UNIT	713,194	0	713,194	32.00
40.00	04000	SUBPROVIDER - IPF	913,147	0	913,147	40.00
41.00	04100	SUBPROVIDER - IRF	438,699	0	438,699	41.00
43.00	04300	NURSERY	212,402	0	212,402	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,372,131	0	8,372,131	50.00
51.00	05100	RECOVERY ROOM	580,435	0	580,435	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,906,497	0	1,906,497	52.00
53.00	05300	ANESTHESIOLOGY	627,706	0	627,706	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,414,255	0	7,414,255	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,252,699	0	2,252,699	55.00
56.00	05600	RADIOISOTOPE	994,156	0	994,156	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,241,143	0	1,241,143	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,032,948	0	3,032,948	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,294,738	0	1,294,738	59.00
60.00	06000	LABORATORY	3,994,673	0	3,994,673	60.00
60.01	06001	VASCULAR LAB	335,103	0	335,103	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	198,259	0	198,259	63.00
64.00	06400	INTRAVENOUS THERAPY	128,718	0	128,718	64.00
65.00	06500	RESPIRATORY THERAPY	582,727	0	582,727	65.00
66.00	06600	PHYSICAL THERAPY	1,644,937	0	1,644,937	66.00
67.00	06700	OCCUPATIONAL THERAPY	201,274	0	201,274	67.00
68.00	06800	SPEECH PATHOLOGY	47,367	0	47,367	68.00
69.00	06900	ELECTROCARDIOLOGY	1,072,300	0	1,072,300	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	300,239	0	300,239	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,275,969	0	1,275,969	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,611,298	0	2,611,298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,280,015	0	4,280,015	73.00
74.00	07400	RENAL DIALYSIS	675,398	0	675,398	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,280,297	0	1,280,297	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	222,627	0	222,627	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,689,302	0	9,689,302	90.00
91.00	09100	EMERGENCY	2,771,144	0	2,771,144	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	808,518	0	808,518	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	379,973	0	379,973	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,811,318	0	77,811,318	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

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Part II
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	3,527,246	0	3,527,246	191.00
193.01	19301	NON-ALLOWABLE COST	7,459,617	0	7,459,617	193.01
200.00		Cross Foot Adjustments	2,842,173	0	2,842,173	200.00
201.00		Negative Cost Centers	3,820	0	3,820	201.00
202.00		TOTAL (sum lines 118-201)	91,644,174	0	91,644,174	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,011,578					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		41,655,031				2.00
4.00 00400	EMPLOYEE BENEFITS	31,250	50,270	419,266,976			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	830,871	17,051,788	79,879,295	-238,017,135	897,016,678	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	871,362	223,821	369,495	0	55,669,935	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,413	0	0	0	4,431,033	8.00
9.00 00900	HOUSEKEEPING	18,809	49,475	0	0	12,102,584	9.00
10.00 01000	DIETARY	32,363	94,940	211,676	0	11,814,325	10.00
11.00 01100	CAFETERIA	25,209	21,959	0	0	1,116,533	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,381	26,714	6,341,167	0	8,935,120	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	3,089,235	0	10,801,349	14.00
15.00 01500	PHARMACY	0	0	12,711,774	0	110,340,227	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	13,828	9,636	3,884,470	0	6,241,086	16.00
17.00 01700	SOCIAL SERVICE	4,276	0	3,046,673	0	4,774,358	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	45,883	114,749	20,548,682	0	33,005,471	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	280	0	925,002	0	1,296,482	23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	832	0	155,064	0	164,500	23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	81	0	418,861	44,520	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	182,011	1,853,043	43,792,039	0	67,728,967	30.00
31.00 03100	INTENSIVE CARE UNIT	35,807	844,839	11,485,955	0	17,904,708	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,730	335,189	7,743,379	0	11,333,151	31.01
32.00 03200	CORONARY CARE UNIT	11,913	11,320	3,909,707	0	5,764,068	32.00
40.00 04000	SUBPROVIDER - I PF	17,363	11,164	4,557,342	0	6,404,018	40.00
41.00 04100	SUBPROVIDER - I RF	8,484	10,625	1,704,141	0	2,521,353	41.00
43.00 04300	NURSERY	2,617	0	3,146,760	0	3,637,964	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	78,265	4,789,589	14,653,079	0	32,832,623	50.00
51.00 05100	RECOVERY ROOM	7,873	150,182	2,912,062	0	4,322,333	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	35,729	314,478	5,904,942	0	9,872,797	52.00
53.00 05300	ANESTHESIOLOGY	3,832	369,199	991,531	0	3,265,661	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	74,324	3,946,638	18,924,803	0	32,756,352	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	19,210	1,390,936	4,234,657	0	7,950,190	55.00
56.00 05600	RADIOISOTOPE	10,835	441,311	2,605,613	0	5,894,023	56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,548	814,654	3,022,985	0	6,323,042	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	16,696	2,295,329	2,987,500	0	7,275,814	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,256	677,100	1,647,769	0	3,697,955	59.00
60.00 06000	LABORATORY	49,097	899,887	18,484,396	0	41,905,443	60.00
60.01 06001	VASCULAR LAB	2,055	201,882	1,093,188	0	1,809,173	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,750	29,225	1,141,055	0	2,187,999	63.00
64.00 06400	INTRAVENOUS THERAPY	439	3,705	1,650,824	0	2,775,953	64.00
65.00 06500	RESPIRATORY THERAPY	4,639	161,914	4,142,735	0	7,424,812	65.00
66.00 06600	PHYSICAL THERAPY	25,041	72,519	14,089,551	0	20,852,174	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,585	5,950	2,113,950	0	2,907,278	67.00
68.00 06800	SPEECH PATHOLOGY	343	700	686,869	0	943,982	68.00
69.00 06900	ELECTROCARDIOLOGY	12,151	452,860	3,761,296	0	5,947,590	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,384	136,655	934,829	0	1,554,336	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	11,683	121,418	0	0	19,042,033	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	17,023	176,907	0	0	46,520,342	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,073	89,945	0	0	310,027	73.00
74.00 07400	RENAL DIALYSIS	11,364	84,661	1,802,116	0	4,802,296	74.00
75.00 07500	ASC (NON-DISTINCT PART)	29,368	31,277	4,597,022	0	7,211,271	75.00
76.00 03950	BLANK	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	5,397	21,334	596,338	0	834,418	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	147,132	1,349,290	49,684,102	0	99,701,332	90.00
91.00 09100	EMERGENCY	48,755	320,568	14,930,004	0	21,597,655	91.00
92.00 09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	9,105	12,245	7,044,657	0	12,147,289	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	4,056	2,954	2,252,438	0	5,216,460	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)						
	1.00	2.00	4.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)				5A	5.00	118.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	27,880	1,413,368	0	0	36,933,344	191.00
193.01	19301	NON-ALLOWABLE COST	160,927	166,819	24,455,948	0	64,213,449	193.01
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)	51,402,511	40,241,663	15,894,582		238,017,135	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.068298	0.966070	0.037910		0.265343	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			581,948		30,765,639	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001388		0.034298	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	1,278,095			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,413	107,108		8.00
9.00	00900	HOUSEKEEPING	0	18,809	200	1,253,873	9.00
10.00	01000	DIETARY	0	32,363	100	32,363	634,238
11.00	01100	CAFETERIA	0	25,209	0	25,209	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	7,381	0	7,381	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,828	0	13,828	0
17.00	01700	SOCIAL SERVICE	0	4,276	0	4,276	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	45,883	0	45,883	3,650
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	280	0	280	0
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	832	0	832	0
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	81	0	81	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	182,011	31,578	182,011	407,466
31.00	03100	INTENSIVE CARE UNIT	0	35,807	4,630	35,807	32,075
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,730	1,353	9,730	1,058
32.00	03200	CORONARY CARE UNIT	0	11,913	3,858	11,913	30,790
40.00	04000	SUBPROVIDER - IPF	0	17,363	2,355	17,363	41,620
41.00	04100	SUBPROVIDER - IRF	0	8,484	2,380	8,484	19,078
43.00	04300	NURSERY	0	2,617	0	2,617	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	78,265	5,043	78,265	1,793
51.00	05100	RECOVERY ROOM	0	7,873	2,822	7,873	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,729	4,168	35,729	28,352
53.00	05300	ANESTHESIOLOGY	0	3,832	0	3,832	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	74,324	5,347	74,324	2,879
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,210	1,761	19,210	0
56.00	05600	RADIOISOTOPE	0	10,835	1,182	10,835	368
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	5,548	386	5,548	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,696	982	16,696	0
59.00	05900	CARDIAC CATHETERIZATION	0	15,256	2,395	15,256	1,772
60.00	06000	LABORATORY	0	49,097	401	49,097	542
60.01	06001	VASCULAR LAB	0	2,055	1,637	2,055	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,750	50	2,750	0
64.00	06400	INTRAVENOUS THERAPY	0	439	50	439	0
65.00	06500	RESPIRATORY THERAPY	0	4,639	0	4,639	15
66.00	06600	PHYSICAL THERAPY	0	25,041	1,223	25,041	197
67.00	06700	OCCUPATIONAL THERAPY	0	2,585	1,433	2,585	0
68.00	06800	SPEECH PATHOLOGY	0	343	0	343	0
69.00	06900	ELECTROCARDIOLOGY	0	12,151	2,015	12,151	441
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,384	1,239	3,384	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	11,683	1,208	11,683	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,023	1,759	17,023	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,073	0	13,073	0
74.00	07400	RENAL DIALYSIS	0	11,364	2,372	11,364	1,761
75.00	07500	ASC (NON-DISTINCT PART)	0	29,368	6,076	29,368	11,641
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	5,397	183	5,397	17
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	147,132	8,639	147,132	36,141
91.00	09100	EMERGENCY	0	48,755	8,283	48,755	12,582
92.00	09200	OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	9,105	0	9,105	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,056	0	4,056	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,089,288	107,108	1,065,066	634,238

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	27,880	0	27,880	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	160,927	0	160,927	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	70,441,563	5,905,112	16,361,595	17,160,656	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	55.114497	55.132315	13.048845	27.057124	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	16,998,771	316,360	1,034,680	1,507,034	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	13.300084	2.953654	0.825187	2.376133	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	9,641,279					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	172,248	0	1,434			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	65,003,847		14.00
15.00	01500	PHARMACY	0	0	0	0	100,083,233	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	159,918	0	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	92,790	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	403,759	0	13	0	120	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	38,654	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	4,720	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	8,121	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,698,274	0	457	0	10,381	30.00
31.00	03100	INTENSIVE CARE UNIT	335,174	0	126	0	887	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	212,172	0	92	0	8,301	31.01
32.00	03200	CORONARY CARE UNIT	132,526	0	39	0	369	32.00
40.00	04000	SUBPROVIDER - IPF	154,833	0	27	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	62,467	0	14	0	24	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	429,828	0	114	0	73,481	50.00
51.00	05100	RECOVERY ROOM	69,138	0	32	0	1,118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	210,491	0	78	0	10,113	52.00
53.00	05300	ANESTHESIOLOGY	37,156	0	6	0	639,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	626,881	0	26	0	62,559	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	93,896	0	4	0	780	55.00
56.00	05600	RADIOISOTOPE	70,549	0	0	0	81,646	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	89,459	0	0	0	213,854	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	88,185	0	2	0	19,451	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,058	0	14	0	27,896	59.00
60.00	06000	LABORATORY	621,670	0	2	0	12,202	60.00
60.01	06001	VASCULAR LAB	32,107	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,610	0	0	0	44,541	63.00
64.00	06400	INTRAVENOUS THERAPY	40,602	0	20	0	18,621	64.00
65.00	06500	RESPIRATORY THERAPY	142,544	0	0	0	4,580	65.00
66.00	06600	PHYSICAL THERAPY	445,862	0	1	0	6,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	62,129	0	0	0	56	67.00
68.00	06800	SPEECH PATHOLOGY	19,537	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	125,210	0	14	0	23,734	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,051	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	74,685	0	0	18,725,363	214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	108,817	0	0	46,058,883	311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,062	0	0	0	96,580,303	73.00
74.00	07400	RENAL DIALYSIS	58,935	0	11	9,157	850,409	74.00
75.00	07500	ASC (NON-DISTINCT PART)	132,966	0	47	0	1,574	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	17,328	0	4	0	53	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	670,005	0	123	0	200,181	90.00
91.00	09100	EMERGENCY	439,445	0	105	0	46,126	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	214,668	0	43	138,016	813,416	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	61,713	0	13	72,428	292,244	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,914,243	0	1,428	65,003,847	100,046,104	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		11.00	12.00	13.00	14.00	15.00		
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	274,560	0	0	0	35,017	191.00
193.01	19301	NON-ALLOWABLE COST	452,476	0	6	0	2,112	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,131,126	0	11,865,046	13,667,411	139,618,276	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.324763	0.000000	8,274.090656	0.210255	1.395022	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	845,868	0	586,419	374,753	3,801,853	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.087734	0.000000	408.939331	0.005765	0.037987	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,026,857,905			16.00
17.00	01700	SOCIAL SERVICE	0	47,167		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	225,714,484	22,612	0	30.00
31.00	03100	INTENSIVE CARE UNIT	49,747,220	3,621	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	46,503,650	0	0	31.01
32.00	03200	CORONARY CARE UNIT	15,592,878	1,814	0	32.00
40.00	04000	SUBPROVIDER - I PF	19,288,506	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	7,828,763	1,468	0	41.00
43.00	04300	NURSERY	7,287,468	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	228,620,396	0	0	50.00
51.00	05100	RECOVERY ROOM	44,587,375	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,029,566	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,317,676	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	191,524,450	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	70,819,126	42	0	55.00
56.00	05600	RADIOISOTOPE	46,687,021	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	192,334,688	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	129,173,627	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,506,141	0	0	59.00
60.00	06000	LABORATORY	325,489,623	0	0	60.00
60.01	06001	VASCULAR LAB	21,293,139	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,101,786	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	6,045,732	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,019,735	0	0	65.00
66.00	06600	PHYSICAL THERAPY	67,958,382	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,461,859	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,249,237	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	98,430,582	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,669,848	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	103,371,468	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	150,412,910	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	341,952,210	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,069,297	2,202	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	15,071,072	55	0	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,142,034	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	179,473,568	6,035	0	90.00
91.00	09100	EMERGENCY	174,494,973	398	0	91.00
92.00	09200	OBSERVATION BEDS				92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	17,837,801	2,160	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	8,749,614	6,760	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,026,857,905	47,167	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	193.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,899,885	6,362,802	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002940	134.899442	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	674,542	309,504	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000223	6.561876	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	INTERNS & RESIDENTS					
	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		18,526			22.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY			100		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH			0	100	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA			0	0	100 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	10,543	0	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	119	0	0	0 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	382	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	89	0	0	0 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,507	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	932	0	0	100 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	657	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	159	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	1,162	0	100	0 60.00
60.01 06001	VASCULAR LAB	0	0	0	0	0 60.01
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	204	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	BLANK	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	397	0	0	0 90.00
91.00 09100	EMERGENCY	0	1,375	0	0	0 91.00
92.00 09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED ED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)			
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	21.00					22.00	23.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	18,526	100	100	100	100	118.00		
NONREIMBURSABLE COST CENTERS											
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00		
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	0	193.01		
200.00		Cross Foot Adjustments							200.00		
201.00		Negative Cost Centers							201.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	0	45,228,395	1,672,133	266,394	-36,362		202.00		
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,441.347026	16,721.330000	2,663.940000	0.000000		203.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,752,072	57,876	32,225	3,820		204.00		
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	148.551873	578.760000	322.250000	38.200000		205.00		

Provider CCN: 140010

Period:
 From 10/01/2011
 To 09/30/2012

Worksheet B-2
 Date/Time Prepared:
 2/19/2013 9:36 am

	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	-72,082	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	-394,772	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: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		118,933,907	14,381	118,948,288	30.00
31.00	03100 INTENSIVE CARE UNIT		28,006,794	0	28,006,794	31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		16,085,195	0	16,085,195	31.01
32.00	03200 CORONARY CARE UNIT		9,808,138	0	9,808,138	32.00
40.00	04000 SUBPROVIDER - IPF		10,873,146	0	10,873,146	40.00
41.00	04100 SUBPROVIDER - IRF		4,773,290	0	4,773,290	41.00
43.00	04300 NURSERY		4,803,081	0	4,803,081	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		49,063,369	0	49,063,369	50.00
51.00	05100 RECOVERY ROOM		6,581,338	0	6,581,338	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		16,796,792	0	16,796,792	52.00
53.00	05300 ANESTHESIOLOGY		5,454,428	0	5,454,428	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		47,955,949	476,822	48,432,771	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		11,744,774	180,188	11,924,962	55.00
56.00	05600 RADIOISOTOPE		8,545,704	171,189	8,716,893	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN		9,293,116	0	9,293,116	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		10,850,688	0	10,850,688	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,246,667	0	6,246,667	59.00
60.00	06000 LABORATORY		57,866,945	2,380,622	60,247,567	60.00
60.01	06001 VASCULAR LAB		2,592,580	15,250	2,607,830	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,065,764	0	3,065,764	63.00
64.00	06400 INTRAVENOUS THERAPY		3,767,632	0	3,767,632	64.00
65.00	06500 RESPIRATORY THERAPY	0	9,876,010	0	9,876,010	65.00
66.00	06600 PHYSICAL THERAPY	0	28,527,063	43,987	28,571,050	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,987,864	0	3,987,864	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,236,679	0	1,236,679	68.00
69.00	06900 ELECTROCARDIOLOGY		8,956,014	20,096	8,976,110	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,300,340	0	2,300,340	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS		29,223,223	0	29,223,223	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		70,283,637	0	70,283,637	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		138,804,810	0	138,804,810	73.00
74.00	07400 RENAL DIALYSIS		8,214,260	0	8,214,260	74.00
75.00	07500 ASC (NON-DISTINCT PART)		12,262,496	0	12,262,496	75.00
76.00	03950 BLANK		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		1,479,347	0	1,479,347	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		140,495,885	42,502	140,538,387	90.00
91.00	09100 EMERGENCY		33,091,386	9,827	33,101,213	91.00
92.00	09200 OBSERVATION BEDS		19,634,961	0	19,634,961	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		17,924,194	0	17,924,194	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE		8,365,245	0	8,365,245	116.00
200.00	Subtotal (see instructions)	0	967,772,711	3,354,864	971,127,575	200.00
201.00	Less Observation Beds		19,634,961	0	19,634,961	201.00
202.00	Total (see instructions)	0	948,137,750	3,354,864	951,492,614	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet C Part I Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	192,083,338		192,083,338		30.00
31.00	03100	INTENSIVE CARE UNIT	49,747,220		49,747,220		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	46,503,650		46,503,650		31.01
32.00	03200	CORONARY CARE UNIT	15,592,878		15,592,878		32.00
40.00	04000	SUBPROVIDER - I PF	19,288,506		19,288,506		40.00
41.00	04100	SUBPROVIDER - I RF	7,828,763		7,828,763		41.00
43.00	04300	NURSERY	7,287,468		7,287,468		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	113,689,097	114,931,299	228,620,396	0.214606	50.00
51.00	05100	RECOVERY ROOM	20,471,319	24,116,056	44,587,375	0.147605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,777,308	4,252,258	49,029,566	0.342585	52.00
53.00	05300	ANESTHESIOLOGY	15,404,173	20,913,503	36,317,676	0.150187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,935,050	151,589,400	191,524,450	0.250391	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,099,349	67,719,777	70,819,126	0.165842	55.00
56.00	05600	RADIOISOTOPE	4,755,704	41,931,317	46,687,021	0.183042	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	51,372,816	140,961,872	192,334,688	0.048317	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,218,709	111,954,918	129,173,627	0.084001	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,469,094	29,037,047	60,506,141	0.103240	59.00
60.00	06000	LABORATORY	133,468,556	192,021,067	325,489,623	0.177784	60.00
60.01	06001	VASCULAR LAB	8,634,679	12,658,460	21,293,139	0.121757	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,067,992	3,033,794	11,101,786	0.276151	63.00
64.00	06400	INTRAVENOUS THERAPY	5,850,129	195,603	6,045,732	0.623189	64.00
65.00	06500	RESPIRATORY THERAPY	34,930,386	3,089,349	38,019,735	0.259760	65.00
66.00	06600	PHYSICAL THERAPY	15,528,840	52,429,542	67,958,382	0.419773	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,500,016	1,961,843	11,461,859	0.347925	67.00
68.00	06800	SPEECH PATHOLOGY	3,646,557	602,680	4,249,237	0.291036	68.00
69.00	06900	ELECTROCARDIOLOGY	29,696,365	68,734,217	98,430,582	0.090988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,116,162	4,553,686	8,669,848	0.265326	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	58,992,123	44,379,345	103,371,468	0.282701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,126,645	46,286,265	150,412,910	0.467271	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,366,809	240,585,401	341,952,210	0.405919	73.00
74.00	07400	RENAL DIALYSIS	3,553,626	15,515,671	19,069,297	0.430758	74.00
75.00	07500	ASC (NON-DISTINCT PART)	295,369	14,775,703	15,071,072	0.813645	75.00
76.00	03950	BLANK	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	20,620	2,121,414	2,142,034	0.690627	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,876,947	172,596,621	179,473,568	0.782822	90.00
91.00	09100	EMERGENCY	60,639,380	113,855,593	174,494,973	0.189641	91.00
92.00	09200	OBSERVATION BEDS	0	33,631,146	33,631,146	0.583833	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	17,837,801	17,837,801		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	8,749,614	8,749,614		116.00
200.00		Subtotal (see instructions)	1,269,835,643	1,757,022,262	3,026,857,905		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,269,835,643	1,757,022,262	3,026,857,905		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/19/2013 9:36 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)			31.01
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.214606		50.00
51.00	05100 RECOVERY ROOM	0.147605		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342585		52.00
53.00	05300 ANESTHESIOLOGY	0.150187		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252880		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.168386		55.00
56.00	05600 RADIOISOTOPE	0.186709		56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.048317		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084001		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103240		59.00
60.00	06000 LABORATORY	0.185098		60.00
60.01	06001 VASCULAR LAB	0.122473		60.01
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.276151		63.00
64.00	06400 INTRAVENOUS THERAPY	0.623189		64.00
65.00	06500 RESPIRATORY THERAPY	0.259760		65.00
66.00	06600 PHYSICAL THERAPY	0.420420		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.347925		67.00
68.00	06800 SPEECH PATHOLOGY	0.291036		68.00
69.00	06900 ELECTROCARDIOLOGY	0.091192		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265326		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.282701		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.467271		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405919		73.00
74.00	07400 RENAL DIALYSIS	0.430758		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.813645		75.00
76.00	03950 BLANK	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.690627		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.783059		90.00
91.00	09100 EMERGENCY	0.189697		91.00
92.00	09200 OBSERVATION BEDS	0.583833		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/19/2013 9:36 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	118,933,907		118,933,907	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28,006,794		28,006,794	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	16,085,195		16,085,195	0	0	31.01
32.00	03200	CORONARY CARE UNIT	9,808,138		9,808,138	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	10,873,146		10,873,146	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,773,290		4,773,290	0	0	41.00
43.00	04300	NURSERY	4,803,081		4,803,081	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,063,369		49,063,369	0	0	50.00
51.00	05100	RECOVERY ROOM	6,581,338		6,581,338	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,796,792		16,796,792	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,454,428		5,454,428	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,955,949		47,955,949	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,744,774		11,744,774	0	0	55.00
56.00	05600	RADIOISOTOPE	8,545,704		8,545,704	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	9,293,116		9,293,116	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,850,688		10,850,688	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,246,667		6,246,667	0	0	59.00
60.00	06000	LABORATORY	57,866,945		57,866,945	0	0	60.00
60.01	06001	VASCULAR LAB	2,592,580		2,592,580	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,065,764		3,065,764	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,767,632		3,767,632	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,876,010	0	9,876,010	0	0	65.00
66.00	06600	PHYSICAL THERAPY	28,527,063	0	28,527,063	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,987,864	0	3,987,864	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,236,679	0	1,236,679	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,956,014		8,956,014	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,300,340		2,300,340	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	29,223,223		29,223,223	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	70,283,637		70,283,637	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	138,804,810		138,804,810	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,214,260		8,214,260	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	12,262,496		12,262,496	0	0	75.00
76.00	03950	BLANK	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,479,347		1,479,347	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	140,495,885		140,495,885	0	0	90.00
91.00	09100	EMERGENCY	33,091,386		33,091,386	0	0	91.00
92.00	09200	OBSERVATION BEDS	19,634,961		19,634,961	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	17,924,194		17,924,194			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,365,245		8,365,245			116.00
200.00		Subtotal (see instructions)	967,772,711	0	967,772,711	0	0	200.00
201.00		Less Observation Beds	19,634,961		19,634,961			201.00
202.00		Total (see instructions)	948,137,750	0	948,137,750	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet C Part I Date/Time Prepared: 2/19/2013 9:36 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	192,083,338		192,083,338			30.00
31.00	03100	INTENSIVE CARE UNIT	49,747,220		49,747,220			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	46,503,650		46,503,650			31.01
32.00	03200	CORONARY CARE UNIT	15,592,878		15,592,878			32.00
40.00	04000	SUBPROVIDER - I PF	19,288,506		19,288,506			40.00
41.00	04100	SUBPROVIDER - I RF	7,828,763		7,828,763			41.00
43.00	04300	NURSERY	7,287,468		7,287,468			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	113,689,097	114,931,299	228,620,396	0.214606	0.000000	50.00
51.00	05100	RECOVERY ROOM	20,471,319	24,116,056	44,587,375	0.147605	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,777,308	4,252,258	49,029,566	0.342585	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,404,173	20,913,503	36,317,676	0.150187	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,935,050	151,589,400	191,524,450	0.250391	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,099,349	67,719,777	70,819,126	0.165842	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,755,704	41,931,317	46,687,021	0.183042	0.000000	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	51,372,816	140,961,872	192,334,688	0.048317	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,218,709	111,954,918	129,173,627	0.084001	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,469,094	29,037,047	60,506,141	0.103240	0.000000	59.00
60.00	06000	LABORATORY	133,468,556	192,021,067	325,489,623	0.177784	0.000000	60.00
60.01	06001	VASCULAR LAB	8,634,679	12,658,460	21,293,139	0.121757	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,067,992	3,033,794	11,101,786	0.276151	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	5,850,129	195,603	6,045,732	0.623189	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	34,930,386	3,089,349	38,019,735	0.259760	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,528,840	52,429,542	67,958,382	0.419773	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,500,016	1,961,843	11,461,859	0.347925	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,646,557	602,680	4,249,237	0.291036	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	29,696,365	68,734,217	98,430,582	0.090988	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,116,162	4,553,686	8,669,848	0.265326	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	58,992,123	44,379,345	103,371,468	0.282701	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,126,645	46,286,265	150,412,910	0.467271	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,366,809	240,585,401	341,952,210	0.405919	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,553,626	15,515,671	19,069,297	0.430758	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	295,369	14,775,703	15,071,072	0.813645	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	20,620	2,121,414	2,142,034	0.690627	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,876,947	172,596,621	179,473,568	0.782822	0.000000	90.00
91.00	09100	EMERGENCY	60,639,380	113,855,593	174,494,973	0.189641	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	33,631,146	33,631,146	0.583833	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	17,837,801	17,837,801			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,749,614	8,749,614			116.00
200.00		Subtotal (see instructions)	1,269,835,643	1,757,022,262	3,026,857,905			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,269,835,643	1,757,022,262	3,026,857,905			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/19/2013 9:36 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)			31.01
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	VASCULAR LAB	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	BLANK	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Title XVII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS	11,447,945	0	11,447,945	126,163	90.74	30.00	
31.00	03100 INTENSIVE CARE UNIT	2,768,871		2,768,871	13,696	202.17	31.00	
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)	1,100,214		1,100,214	12,847	85.64	31.01	
32.00	03200 CORONARY CARE UNIT	713,194		713,194	7,028	101.48	32.00	
40.00	04000 SUBPROVIDER - IPF	913,147	0	913,147	10,685	85.46	40.00	
41.00	04100 SUBPROVIDER - IRF	438,699	0	438,699	5,542	79.16	41.00	
43.00	04300 NURSERY	212,402		212,402	9,734	21.82	43.00	
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30-199)	17,594,472		17,594,472	185,695		200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part I Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	52,789	4,790,074	30.00
31.00	03100 INTENSIVE CARE UNIT	8,384	1,694,993	31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)	0	0	31.01
32.00	03200 CORONARY CARE UNIT	4,917	498,977	32.00
40.00	04000 SUBPROVIDER - IPF	2,886	246,638	40.00
41.00	04100 SUBPROVIDER - IRF	3,552	281,176	41.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	72,528	7,511,858	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part II Date/Time Prepared: 2/19/2013 9:36 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,372,131	228,620,396	0.036620	51,165,676	1,873,687	50.00
51.00	05100 RECOVERY ROOM	580,435	44,587,375	0.013018	9,143,436	119,029	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,906,497	49,029,566	0.038885	170,914	6,646	52.00
53.00	05300 ANESTHESIOLOGY	627,706	36,317,676	0.017284	5,943,623	102,730	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,414,255	191,524,450	0.038712	21,880,338	847,032	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,252,699	70,819,126	0.031809	1,902,661	60,522	55.00
56.00	05600 RADIOISOTOPE	994,156	46,687,021	0.021294	3,158,673	67,261	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,241,143	192,334,688	0.006453	29,341,128	189,338	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,032,948	129,173,627	0.023480	8,645,924	203,006	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,294,738	60,506,141	0.021398	18,451,960	394,835	59.00
60.00	06000 LABORATORY	3,994,673	325,489,623	0.012273	75,213,824	923,099	60.00
60.01	06001 VASCULAR LAB	335,103	21,293,139	0.015738	5,075,032	79,871	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	198,259	11,101,786	0.017858	3,769,615	67,318	63.00
64.00	06400 INTRAVENOUS THERAPY	128,718	6,045,732	0.021291	3,440,740	73,257	64.00
65.00	06500 RESPIRATORY THERAPY	582,727	38,019,735	0.015327	15,680,440	240,334	65.00
66.00	06600 PHYSICAL THERAPY	1,644,937	67,958,382	0.024205	8,539,599	206,701	66.00
67.00	06700 OCCUPATIONAL THERAPY	201,274	11,461,859	0.017560	4,276,494	75,095	67.00
68.00	06800 SPEECH PATHOLOGY	47,367	4,249,237	0.011147	1,920,175	21,404	68.00
69.00	06900 ELECTROCARDIOLOGY	1,072,300	98,430,582	0.010894	19,168,093	208,817	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	300,239	8,669,848	0.034630	1,910,782	66,170	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,275,969	103,371,468	0.012344	29,435,021	363,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,611,298	150,412,910	0.017361	52,679,809	914,574	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,280,015	341,952,210	0.012516	50,522,199	632,336	73.00
74.00	07400 RENAL DIALYSIS	675,398	19,069,297	0.035418	2,584,195	91,527	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,280,297	15,071,072	0.084951	176,210	14,969	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	222,627	2,142,034	0.103933	11,659	1,212	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	9,689,302	179,473,568	0.053987	4,012,495	216,623	90.00
91.00	09100 EMERGENCY	2,771,144	174,494,973	0.015881	34,010,715	540,124	91.00
92.00	09200 OBSERVATION BEDS	1,889,728	33,631,146	0.056190	0	0	92.00
200.00	Total (lines 50-199)	60,918,083	2,661,938,667		462,231,430	8,600,863	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part III Date/Time Prepared: 2/19/2013 9:36 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Hospital		PSA Adj. Nursing School	
				Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS		
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	126,163	0.00	52,789	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	13,696	0.00	8,384	0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	12,847	0.00	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	7,028	0.00	4,917	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	10,685	0.00	2,886	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	5,542	0.00	3,552	0	0	0	41.00
43.00 04300 NURSERY	9,734	0.00	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00
200.00 Total (lines 30-199)	185,695		72,528	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part III Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
		12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/19/2013 9:36 am

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	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	266,394	0	266,394	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,672,133	0	1,672,133	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,938,527	0	1,938,527	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	228,620,396	0.000000	0.000000	51,165,676	50.00
51.00	05100 RECOVERY ROOM	0	44,587,375	0.000000	0.000000	9,143,436	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,029,566	0.000000	0.000000	170,914	52.00
53.00	05300 ANESTHESIOLOGY	0	36,317,676	0.000000	0.000000	5,943,623	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	191,524,450	0.000000	0.000000	21,880,338	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	70,819,126	0.000000	0.000000	1,902,661	55.00
56.00	05600 RADIOISOTOPE	0	46,687,021	0.000000	0.000000	3,158,673	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	192,334,688	0.000000	0.000000	29,341,128	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	129,173,627	0.000000	0.000000	8,645,924	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	60,506,141	0.000000	0.000000	18,451,960	59.00
60.00	06000 LABORATORY	266,394	325,489,623	0.000818	0.000818	75,213,824	60.00
60.01	06001 VASCULAR LAB	0	21,293,139	0.000000	0.000000	5,075,032	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,101,786	0.000000	0.000000	3,769,615	63.00
64.00	06400 INTRAVENOUS THERAPY	0	6,045,732	0.000000	0.000000	3,440,740	64.00
65.00	06500 RESPIRATORY THERAPY	0	38,019,735	0.000000	0.000000	15,680,440	65.00
66.00	06600 PHYSICAL THERAPY	0	67,958,382	0.000000	0.000000	8,539,599	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,461,859	0.000000	0.000000	4,276,494	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,249,237	0.000000	0.000000	1,920,175	68.00
69.00	06900 ELECTROCARDIOLOGY	0	98,430,582	0.000000	0.000000	19,168,093	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	8,669,848	0.000000	0.000000	1,910,782	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	103,371,468	0.000000	0.000000	29,435,021	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	150,412,910	0.000000	0.000000	52,679,809	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,672,133	341,952,210	0.004890	0.004890	50,522,199	73.00
74.00	07400 RENAL DIALYSIS	0	19,069,297	0.000000	0.000000	2,584,195	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	15,071,072	0.000000	0.000000	176,210	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,142,034	0.000000	0.000000	11,659	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	179,473,568	0.000000	0.000000	4,012,495	90.00
91.00	09100 EMERGENCY	0	174,494,973	0.000000	0.000000	34,010,715	91.00
92.00	09200 OBSERVATION BEDS	0	33,631,146	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	1,938,527	2,661,938,667			462,231,430	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	27,552,804	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	4,920,011	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,390	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,130,127	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	40,668,767	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	27,723,114	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	19,650,155	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	53,855,511	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	29,479,538	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,526,561	0	0	0	59.00
60.00	06000 LABORATORY	61,525	8,510,321	6,961	0	0	60.00
60.01	06001 VASCULAR LAB	0	5,958,591	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,651,052	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	81,750	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,429,243	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	15,821,603	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,047,343	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	373,134	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	31,077,079	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,634,665	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	16,554,506	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	20,731,867	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	247,054	89,857,590	439,404	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	1,508,809	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	4,426,394	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,182,196	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	81,458,467	0	0	0	90.00
91.00	09100 EMERGENCY	0	29,071,175	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	15,778,998	0	0	0	92.00
200.00	Total (lines 50-199)	308,579	552,685,761	446,365	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 VASCULAR LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 BLANK	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			5.00	6.00
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.214606	27,552,804	0	0		50.00
51.00 05100 RECOVERY ROOM	0.147605	4,920,011	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.342585	24,390	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0.150187	6,130,127	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.250391	40,668,767	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.165842	27,723,114	0	0		55.00
56.00 05600 RADIOISOTOPE	0.183042	19,650,155	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.048317	53,855,511	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084001	29,479,538	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0.103240	14,526,561	0	0		59.00
60.00 06000 LABORATORY	0.177784	8,510,321	14,658	0		60.00
60.01 06001 VASCULAR LAB	0.121757	5,958,591	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276151	1,651,052	38,459	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0.623189	81,750	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0.259760	1,429,243	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0.419773	15,821,603	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0.347925	1,047,343	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0.291036	373,134	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0.090988	31,077,079	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.265326	1,634,665	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.282701	16,554,506	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.467271	20,731,867	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.405919	89,857,590	32,839	779,589		73.00
74.00 07400 RENAL DIALYSIS	0.430758	1,508,809	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.813645	4,426,394	0	0		75.00
76.00 03950 BLANK	0.000000	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0.690627	1,182,196	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.782822	81,458,467	0	0		90.00
91.00 09100 EMERGENCY	0.189641	29,071,175	0	0		91.00
92.00 09200 OBSERVATION BEDS	0.583833	15,778,998	0	0		92.00
200.00	Subtotal (see instructions)	552,685,761	85,956	779,589		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	552,685,761	85,956	779,589		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see inst.)	Cost	Cost		
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	5,912,997	0	0		50.00
51.00 05100 RECOVERY ROOM	726,218	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8,356	0	0		52.00
53.00 05300 ANESTHESIOLOGY	920,665	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,183,093	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,597,657	0	0		55.00
56.00 05600 RADIOISOTOPE	3,596,804	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,602,137	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,476,311	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	1,499,722	0	0		59.00
60.00 06000 LABORATORY	1,512,999	2,606	0		60.00
60.01 06001 VASCULAR LAB	725,500	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	455,940	10,620	0		63.00
64.00 06400 INTRAVENOUS THERAPY	50,946	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	371,260	0	0		65.00
66.00 06600 PHYSICAL THERAPY	6,641,482	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	364,397	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	108,595	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	2,827,641	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	433,719	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,679,975	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	9,687,400	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	36,474,903	13,330	316,450		73.00
74.00 07400 RENAL DIALYSIS	649,932	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	3,601,513	0	0		75.00
76.00 03950 BLANK	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	816,456	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	63,767,480	0	0		90.00
91.00 09100 EMERGENCY	5,513,087	0	0		91.00
92.00 09200 OBSERVATION BEDS	9,212,300	0	0		92.00
200.00 Subtotal (see instructions)	180,419,485	26,556	316,450		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	180,419,485	26,556	316,450		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010 Component CCN: 14S010		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part II Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,372,131	228,620,396	0.036620	9,643	353	50.00
51.00	05100 RECOVERY ROOM	580,435	44,587,375	0.013018	2,688	35	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,906,497	49,029,566	0.038885	0	0	52.00
53.00	05300 ANESTHESIOLOGY	627,706	36,317,676	0.017284	136,857	2,365	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,414,255	191,524,450	0.038712	21,533	834	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,252,699	70,819,126	0.031809	0	0	55.00
56.00	05600 RADIOISOTOPE	994,156	46,687,021	0.021294	10,458	223	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,241,143	192,334,688	0.006453	91,246	589	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,032,948	129,173,627	0.023480	29,687	697	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,294,738	60,506,141	0.021398	0	0	59.00
60.00	06000 LABORATORY	3,994,673	325,489,623	0.012273	692,089	8,494	60.00
60.01	06001 VASCULAR LAB	335,103	21,293,139	0.015738	2,366	37	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	198,259	11,101,786	0.017858	4,514	81	63.00
64.00	06400 INTRAVENOUS THERAPY	128,718	6,045,732	0.021291	897	19	64.00
65.00	06500 RESPIRATORY THERAPY	582,727	38,019,735	0.015327	39,601	607	65.00
66.00	06600 PHYSICAL THERAPY	1,644,937	67,958,382	0.024205	18,619	451	66.00
67.00	06700 OCCUPATIONAL THERAPY	201,274	11,461,859	0.017560	3,233	57	67.00
68.00	06800 SPEECH PATHOLOGY	47,367	4,249,237	0.011147	1,111	12	68.00
69.00	06900 ELECTROCARDIOLOGY	1,072,300	98,430,582	0.010894	48,861	532	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	300,239	8,669,848	0.034630	2,358	82	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,275,969	103,371,468	0.012344	10,160	125	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,611,298	150,412,910	0.017361	601	10	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,280,015	341,952,210	0.012516	790,417	9,893	73.00
74.00	07400 RENAL DIALYSIS	675,398	19,069,297	0.035418	7,088	251	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,280,297	15,071,072	0.084951	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	222,627	2,142,034	0.103933	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	9,689,302	179,473,568	0.053987	111,408	6,015	90.00
91.00	09100 EMERGENCY	2,771,144	174,494,973	0.015881	518,656	8,237	91.00
92.00	09200 OBSERVATION BEDS	0	33,631,146	0.000000	0	0	92.00
200.00	Total (lines 50-199)	59,028,355	2,661,938,667		2,554,091	39,999	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	266,394	0	266,394	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1,672,133	0	1,672,133	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,938,527	0	1,938,527	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	228,620,396	0.000000	0.000000	9,643	50.00
51.00	05100 RECOVERY ROOM	0	44,587,375	0.000000	0.000000	2,688	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,029,566	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	36,317,676	0.000000	0.000000	136,857	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	191,524,450	0.000000	0.000000	21,533	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	70,819,126	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	46,687,021	0.000000	0.000000	10,458	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	192,334,688	0.000000	0.000000	91,246	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	129,173,627	0.000000	0.000000	29,687	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	60,506,141	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	266,394	325,489,623	0.000818	0.000818	692,089	60.00
60.01	06001 VASCULAR LAB	0	21,293,139	0.000000	0.000000	2,366	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,101,786	0.000000	0.000000	4,514	63.00
64.00	06400 INTRAVENOUS THERAPY	0	6,045,732	0.000000	0.000000	897	64.00
65.00	06500 RESPIRATORY THERAPY	0	38,019,735	0.000000	0.000000	39,601	65.00
66.00	06600 PHYSICAL THERAPY	0	67,958,382	0.000000	0.000000	18,619	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,461,859	0.000000	0.000000	3,233	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,249,237	0.000000	0.000000	1,111	68.00
69.00	06900 ELECTROCARDIOLOGY	0	98,430,582	0.000000	0.000000	48,861	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	8,669,848	0.000000	0.000000	2,358	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	103,371,468	0.000000	0.000000	10,160	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	150,412,910	0.000000	0.000000	601	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,672,133	341,952,210	0.004890	0.004890	790,417	73.00
74.00	07400 RENAL DIALYSIS	0	19,069,297	0.000000	0.000000	7,088	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	15,071,072	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,142,034	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	179,473,568	0.000000	0.000000	111,408	90.00
91.00	09100 EMERGENCY	0	174,494,973	0.000000	0.000000	518,656	91.00
92.00	09200 OBSERVATION BEDS	0	33,631,146	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	1,938,527	2,661,938,667			2,554,091	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,513	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	14,560	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	566	0	0	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	468	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,707	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,865	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,250	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	4,431	23,498	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 BLANK	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/19/2013 9:36 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.214606	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0.147605	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.342585	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0.150187	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.250391	2,513	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.165842	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0.183042	0	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.048317	14,560	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084001	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0.103240	0	0	0		59.00
60.00 06000 LABORATORY	0.177784	0	0	0		60.00
60.01 06001 VASCULAR LAB	0.121757	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276151	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0.623189	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0.259760	468	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0.419773	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0.347925	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0.291036	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0.090988	4,707	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.265326	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.282701	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.467271	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.405919	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0.430758	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.813645	0	0	0		75.00
76.00 03950 BLANK	0.000000	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0.690627	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.782822	1,250	0	0		90.00
91.00 09100 EMERGENCY	0.189641	0	0	0		91.00
92.00 09200 OBSERVATION BEDS	0.583833	0	0	0		92.00
200.00	Subtotal (see instructions)		23,498	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 +/- line 201)		23,498	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/19/2013 9:36 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	PPS Services (see inst.)	Cost	Cost	
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	629	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	703	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	122	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	428	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 BLANK	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	979	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
200.00 Subtotal (see instructions)	2,861	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (Line 200 +/- Line 201)	2,861	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010 Component CCN: 14T010		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part II Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,372,131	228,620,396	0.036620	57,306	2,099	50.00
51.00	05100 RECOVERY ROOM	580,435	44,587,375	0.013018	12,833	167	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,906,497	49,029,566	0.038885	0	0	52.00
53.00	05300 ANESTHESIOLOGY	627,706	36,317,676	0.017284	11,759	203	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,414,255	191,524,450	0.038712	151,085	5,849	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,252,699	70,819,126	0.031809	56,162	1,786	55.00
56.00	05600 RADIOISOTOPE	994,156	46,687,021	0.021294	2,995	64	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,241,143	192,334,688	0.006453	271,015	1,749	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,032,948	129,173,627	0.023480	107,560	2,526	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,294,738	60,506,141	0.021398	0	0	59.00
60.00	06000 LABORATORY	3,994,673	325,489,623	0.012273	788,891	9,682	60.00
60.01	06001 VASCULAR LAB	335,103	21,293,139	0.015738	126,849	1,996	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	198,259	11,101,786	0.017858	26,981	482	63.00
64.00	06400 INTRAVENOUS THERAPY	128,718	6,045,732	0.021291	45,663	972	64.00
65.00	06500 RESPIRATORY THERAPY	582,727	38,019,735	0.015327	189,492	2,904	65.00
66.00	06600 PHYSICAL THERAPY	1,644,937	67,958,382	0.024205	1,657,375	40,117	66.00
67.00	06700 OCCUPATIONAL THERAPY	201,274	11,461,859	0.017560	1,616,173	28,380	67.00
68.00	06800 SPEECH PATHOLOGY	47,367	4,249,237	0.011147	692,136	7,715	68.00
69.00	06900 ELECTROCARDIOLOGY	1,072,300	98,430,582	0.010894	48,154	525	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	300,239	8,669,848	0.034630	11,402	395	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,275,969	103,371,468	0.012344	195,796	2,417	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,611,298	150,412,910	0.017361	30,414	528	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,280,015	341,952,210	0.012516	1,388,868	17,383	73.00
74.00	07400 RENAL DIALYSIS	675,398	19,069,297	0.035418	163,401	5,787	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,280,297	15,071,072	0.084951	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	222,627	2,142,034	0.103933	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	9,689,302	179,473,568	0.053987	9,399	507	90.00
91.00	09100 EMERGENCY	2,771,144	174,494,973	0.015881	7,070	112	91.00
92.00	09200 OBSERVATION BEDS	0	33,631,146	0.000000	0	0	92.00
200.00	Total (lines 50-199)	59,028,355	2,661,938,667		7,668,779	134,345	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	266,394	0	266,394	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1,672,133	0	1,672,133	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,938,527	0	1,938,527	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	228,620,396	0.000000	0.000000	57,306	50.00
51.00 05100 RECOVERY ROOM	0	44,587,375	0.000000	0.000000	12,833	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	49,029,566	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	36,317,676	0.000000	0.000000	11,759	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	191,524,450	0.000000	0.000000	151,085	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	70,819,126	0.000000	0.000000	56,162	55.00
56.00 05600 RADIOISOTOPE	0	46,687,021	0.000000	0.000000	2,995	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	192,334,688	0.000000	0.000000	271,015	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	129,173,627	0.000000	0.000000	107,560	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	60,506,141	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	266,394	325,489,623	0.000818	0.000818	788,891	60.00
60.01 06001 VASCULAR LAB	0	21,293,139	0.000000	0.000000	126,849	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	11,101,786	0.000000	0.000000	26,981	63.00
64.00 06400 INTRAVENOUS THERAPY	0	6,045,732	0.000000	0.000000	45,663	64.00
65.00 06500 RESPIRATORY THERAPY	0	38,019,735	0.000000	0.000000	189,492	65.00
66.00 06600 PHYSICAL THERAPY	0	67,958,382	0.000000	0.000000	1,657,375	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	11,461,859	0.000000	0.000000	1,616,173	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,249,237	0.000000	0.000000	692,136	68.00
69.00 06900 ELECTROCARDIOLOGY	0	98,430,582	0.000000	0.000000	48,154	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	8,669,848	0.000000	0.000000	11,402	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	103,371,468	0.000000	0.000000	195,796	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	150,412,910	0.000000	0.000000	30,414	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,672,133	341,952,210	0.004890	0.004890	1,388,868	73.00
74.00 07400 RENAL DIALYSIS	0	19,069,297	0.000000	0.000000	163,401	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	15,071,072	0.000000	0.000000	0	75.00
76.00 03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,142,034	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	179,473,568	0.000000	0.000000	9,399	90.00
91.00 09100 EMERGENCY	0	174,494,973	0.000000	0.000000	7,070	91.00
92.00 09200 OBSERVATION BEDS	0	33,631,146	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	1,938,527	2,661,938,667			7,668,779	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	7,559	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	764	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,710	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	5,003	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	645	0	0	0	0	60.00
60.01	06001 VASCULAR LAB	0	10,186	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	453	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	455	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	553	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,792	2,975	15	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	3,482	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	2,645	0	0	0	92.00
200.00	Total (lines 50-199)	7,437	37,785	15	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 BLANK	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/19/2013 9:36 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.214606	7,559	0	0		50.00
51.00 05100 RECOVERY ROOM	0.147605	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.342585	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0.150187	764	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.250391	3,710	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.165842	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0.183042	0	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.048317	5,003	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084001	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0.103240	0	0	0		59.00
60.00 06000 LABORATORY	0.177784	0	0	0		60.00
60.01 06001 VASCULAR LAB	0.121757	10,186	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276151	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0.623189	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0.259760	453	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0.419773	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0.347925	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0.291036	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0.090988	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.265326	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.282701	455	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.467271	553	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.405919	2,975	0	0		73.00
74.00 07400 RENAL DIALYSIS	0.430758	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.813645	0	0	0		75.00
76.00 03950 BLANK	0.000000	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0.690627	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.782822	0	0	0		90.00
91.00 09100 EMERGENCY	0.189641	3,482	0	0		91.00
92.00 09200 OBSERVATION BEDS	0.583833	2,645	0	0		92.00
200.00	Subtotal (see instructions)	37,785	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	37,785	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/19/2013 9:36 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs			
	PPS Services (see inst.)	Cost	Cost	
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,622	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	115	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	929	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	242	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 VASCULAR LAB	1,240	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	118	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	129	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	258	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,208	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 BLANK	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	660	0	0	91.00
92.00 09200 OBSERVATION BEDS	1,544	0	0	92.00
200.00 Subtotal (see instructions)	8,065	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	8,065	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	266,394	0	266,394	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1,672,133	0	1,672,133	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,938,527	0	1,938,527	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	228,620,396	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	44,587,375	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	49,029,566	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	36,317,676	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	191,524,450	0.000000	0.000000	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	70,819,126	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	46,687,021	0.000000	0.000000	0	56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	192,334,688	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	129,173,627	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	60,506,141	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	266,394	325,489,623	0.000818	0.000818	0	60.00
60.01 06001 VASCULAR LAB	0	21,293,139	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	11,101,786	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	6,045,732	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	38,019,735	0.000000	0.000000	0	65.00
66.00 06600 PHYSICAL THERAPY	0	67,958,382	0.000000	0.000000	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	11,461,859	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,249,237	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	98,430,582	0.000000	0.000000	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	8,669,848	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	103,371,468	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	150,412,910	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,672,133	341,952,210	0.004890	0.004890	0	73.00
74.00 07400 RENAL DIALYSIS	0	19,069,297	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	15,071,072	0.000000	0.000000	0	75.00
76.00 03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,142,034	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	179,473,568	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	174,494,973	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS	0	33,631,146	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	1,938,527	2,661,938,667			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 BLANK	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Title XIX				Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	266,394	0	266,394	60.00	
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,672,133	0	1,672,133	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00	03950	BLANK	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	1,938,527	0	1,938,527	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Cost		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	228,620,396	0.000000	0.000000	3,599,208	50.00
51.00	05100	RECOVERY ROOM	0	44,587,375	0.000000	0.000000	579,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,029,566	0.000000	0.000000	9,556,102	52.00
53.00	05300	ANESTHESIOLOGY	0	36,317,676	0.000000	0.000000	819,731	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	191,524,450	0.000000	0.000000	2,251,646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	70,819,126	0.000000	0.000000	47,423	55.00
56.00	05600	RADIOISOTOPE	0	46,687,021	0.000000	0.000000	204,986	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	192,334,688	0.000000	0.000000	2,352,503	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	129,173,627	0.000000	0.000000	950,364	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	60,506,141	0.000000	0.000000	1,457,206	59.00
60.00	06000	LABORATORY	266,394	325,489,623	0.000818	0.000818	7,726,432	60.00
60.01	06001	VASCULAR LAB	0	21,293,139	0.000000	0.000000	365,056	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,101,786	0.000000	0.000000	781,028	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,045,732	0.000000	0.000000	274,992	64.00
65.00	06500	RESPIRATORY THERAPY	0	38,019,735	0.000000	0.000000	5,665,912	65.00
66.00	06600	PHYSICAL THERAPY	0	67,958,382	0.000000	0.000000	447,720	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,461,859	0.000000	0.000000	362,121	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,249,237	0.000000	0.000000	114,790	68.00
69.00	06900	ELECTROCARDIOLOGY	0	98,430,582	0.000000	0.000000	1,403,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,669,848	0.000000	0.000000	166,100	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	103,371,468	0.000000	0.000000	2,798,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	150,412,910	0.000000	0.000000	2,763,779	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,672,133	341,952,210	0.004890	0.004890	6,421,878	73.00
74.00	07400	RENAL DIALYSIS	0	19,069,297	0.000000	0.000000	100,924	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	15,071,072	0.000000	0.000000	1,793	75.00
76.00	03950	BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,142,034	0.000000	0.000000	1,620	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	179,473,568	0.000000	0.000000	274,027	90.00
91.00	09100	EMERGENCY	0	174,494,973	0.000000	0.000000	2,969,506	91.00
92.00	09200	OBSERVATION BEDS	0	33,631,146	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,938,527	2,661,938,667			54,458,180	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description			Title XIX			Hospital		Cost	
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
			11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	6,320	0	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,403	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	37,723	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 9:36 am
	Title XIX	Hospital	Cost

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 VASCULAR LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 BLANK	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00 Total (Lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		126,163	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		126,163	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		105,337	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)		52,789	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)		118,948,288	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		118,948,288	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		192,083,338	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		192,083,338	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.619254	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,823.51	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)		118,948,288	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)		942.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		49,769,997	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)		49,769,997	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	28,006,794	13,696	2,044.89	8,384	17,144,358	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	16,085,195	12,847	1,252.06	0	0	43.01
44.00	CORONARY CARE UNIT	9,808,138	7,028	1,395.58	4,917	6,862,067	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)					117,770,517	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					191,546,939	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)					6,984,044	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,909,442	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					15,893,486	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					175,653,453	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)					20,826	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					942.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					19,634,961	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet D-1

Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	11,447,945	118,948,288	0.096243	19,634,961	1,889,728	90.00
91.00 Nursing School cost	0	118,948,288	0.000000	19,634,961	0	91.00
92.00 Allied health cost	0	118,948,288	0.000000	19,634,961	0	92.00
93.00 All other Medical Education	0	118,948,288	0.000000	19,634,961	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,685	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,685	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,685	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,886	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)		10,873,146	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)		10,873,146	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		19,288,506	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		19,288,506	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.563711	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,805.19	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)		10,873,146	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)		1,017.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,936,822	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,936,822	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1	
		Component CCN: 14S010				Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					704,843		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,641,665		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)					246,638		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,430		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					291,068		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,350,597		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 140010 Component CCN: 14S010		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	913,147	10,873,146	0.083982	0	0	90.00
91.00	Nursing School cost	0	10,873,146	0.000000	0	0	91.00
92.00	Allied health cost	0	10,873,146	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,873,146	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,542 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,542 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,542 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)			3,552 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)			4,773,290 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)			4,773,290 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			7,828,763 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			7,828,763 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.609712 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,412.62 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)			4,773,290 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)			861.29 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,059,302 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)			3,059,302 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1	
		Component CCN: 14T010				Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,513,370	48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						281,176	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						141,782	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						422,958	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						5,149,714	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: 140010 Component CCN: 14T010		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	438,699	4,773,290	0.091907	0	0	90.00
91.00	Nursing School cost	0	4,773,290	0.000000	0	0	91.00
92.00	Allied health cost	0	4,773,290	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,773,290	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Skilled Nursing Facility	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)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			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)			0 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)			0 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0 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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 145855		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII		Skilled Nursing Facility		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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					0	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital -related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital -related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	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: 140010 Component CCN: 145855		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 2/19/2013 9:36 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		126,163	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		126,163	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		105,337	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)		7,788	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)		9,734	15.00
16.00	Nursery days (title V or XIX only)		2,294	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)		118,933,907	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)		118,933,907	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		192,083,338	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		192,083,338	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.619179	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,823.51	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)		118,933,907	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)		942.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,341,748	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)		7,341,748	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Cost Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	4,803,081	9,734	493.43	2,294	1,131,928	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	28,006,794	13,696	2,044.89	763	1,560,251	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	16,085,195	12,847	1,252.06	6,630	8,301,158	43.01
44.00	CORONARY CARE UNIT	9,808,138	7,028	1,395.58	455	634,989	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)					14,516,971	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,487,045	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					20,826	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					942.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					19,632,670	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet D-1
Date/Time Prepared:
2/19/2013 9:36 am

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		106,494,938	30.00
31.00	03100	INTENSIVE CARE UNIT		29,990,000	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		10,807,888	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.214606	51,165,676	50.00
51.00	05100	RECOVERY ROOM	0.147605	9,143,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342585	170,914	52.00
53.00	05300	ANESTHESIOLOGY	0.150187	5,943,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.252880	21,880,338	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168386	1,902,661	55.00
56.00	05600	RADIOISOTOPE	0.186709	3,158,673	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.048317	29,341,128	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084001	8,645,924	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103240	18,451,960	59.00
60.00	06000	LABORATORY	0.185098	75,213,824	60.00
60.01	06001	VASCULAR LAB	0.122473	5,075,032	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276151	3,769,615	63.00
64.00	06400	INTRAVENOUS THERAPY	0.623189	3,440,740	64.00
65.00	06500	RESPIRATORY THERAPY	0.259760	15,680,440	65.00
66.00	06600	PHYSICAL THERAPY	0.420420	8,539,599	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347925	4,276,494	67.00
68.00	06800	SPEECH PATHOLOGY	0.291036	1,920,175	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091192	19,168,093	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265326	1,910,782	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.282701	29,435,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.467271	52,679,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405919	50,522,199	73.00
74.00	07400	RENAL DIALYSIS	0.430758	2,584,195	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.813645	176,210	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.690627	11,659	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.783059	4,012,495	90.00
91.00	09100	EMERGENCY	0.189697	34,010,715	91.00
92.00	09200	OBSERVATION BEDS	0.583833	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		462,231,430	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)		462,231,430	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3	
		Component CCN: 14S010		Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		5,496,547		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.214606	9,643	2,069	50.00
51.00	05100 RECOVERY ROOM	0.147605	2,688	397	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342585	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.150187	136,857	20,554	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.252880	21,533	5,445	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.168386	0	0	55.00
56.00	05600 RADIOISOTOPE	0.186709	10,458	1,953	56.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.048317	91,246	4,409	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084001	29,687	2,494	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103240	0	0	59.00
60.00	06000 LABORATORY	0.185098	692,089	128,104	60.00
60.01	06001 VASCULAR LAB	0.122473	2,366	290	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.276151	4,514	1,247	63.00
64.00	06400 INTRAVENOUS THERAPY	0.623189	897	559	64.00
65.00	06500 RESPIRATORY THERAPY	0.259760	39,601	10,287	65.00
66.00	06600 PHYSICAL THERAPY	0.420420	18,619	7,828	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.347925	3,233	1,125	67.00
68.00	06800 SPEECH PATHOLOGY	0.291036	1,111	323	68.00
69.00	06900 ELECTROCARDIOLOGY	0.091192	48,861	4,456	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265326	2,358	626	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.282701	10,160	2,872	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.467271	601	281	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405919	790,417	320,845	73.00
74.00	07400 RENAL DIALYSIS	0.430758	7,088	3,053	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.813645	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.690627	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.783059	111,408	87,239	90.00
91.00	09100 EMERGENCY	0.189697	518,656	98,387	91.00
92.00	09200 OBSERVATION BEDS	0.583833	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,554,091	704,843	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)		2,554,091		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3	
		Component CCN: 14T010		Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,941,229	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.214606	57,306	50.00
51.00	05100	RECOVERY ROOM	0.147605	12,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342585	0	52.00
53.00	05300	ANESTHESIOLOGY	0.150187	11,759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.252880	151,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168386	56,162	55.00
56.00	05600	RADIOISOTOPE	0.186709	2,995	56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.048317	271,015	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084001	107,560	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103240	0	59.00
60.00	06000	LABORATORY	0.185098	788,891	60.00
60.01	06001	VASCULAR LAB	0.122473	126,849	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276151	26,981	63.00
64.00	06400	INTRAVENOUS THERAPY	0.623189	45,663	64.00
65.00	06500	RESPIRATORY THERAPY	0.259760	189,492	65.00
66.00	06600	PHYSICAL THERAPY	0.420420	1,657,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347925	1,616,173	67.00
68.00	06800	SPEECH PATHOLOGY	0.291036	692,136	68.00
69.00	06900	ELECTROCARDIOLOGY	0.091192	48,154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265326	11,402	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.282701	195,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.467271	30,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405919	1,388,868	73.00
74.00	07400	RENAL DIALYSIS	0.430758	163,401	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.813645	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.690627	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.783059	9,399	90.00
91.00	09100	EMERGENCY	0.189697	7,070	91.00
92.00	09200	OBSERVATION BEDS	0.583833	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,668,779	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)		7,668,779	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/19/2013 9:36 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,074,286	30.00
31.00	03100	INTENSIVE CARE UNIT		2,494,170	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		20,262,566	31.01
32.00	03200	CORONARY CARE UNIT		876,315	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		1,888,064	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.214606	3,599,208	772,412 50.00
51.00	05100	RECOVERY ROOM	0.147605	579,602	85,552 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342585	9,556,102	3,273,777 52.00
53.00	05300	ANESTHESIOLOGY	0.150187	819,731	123,113 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.250391	2,251,646	563,792 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165842	47,423	7,865 55.00
56.00	05600	RADIOISOTOPE	0.183042	204,986	37,521 56.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.048317	2,352,503	113,666 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084001	950,364	79,832 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103240	1,457,206	150,442 59.00
60.00	06000	LABORATORY	0.177784	7,726,432	1,373,636 60.00
60.01	06001	VASCULAR LAB	0.121757	365,056	44,448 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276151	781,028	215,682 63.00
64.00	06400	INTRAVENOUS THERAPY	0.623189	274,992	171,372 64.00
65.00	06500	RESPIRATORY THERAPY	0.259760	5,665,912	1,471,777 65.00
66.00	06600	PHYSICAL THERAPY	0.419773	447,720	187,941 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.347925	362,121	125,991 67.00
68.00	06800	SPEECH PATHOLOGY	0.291036	114,790	33,408 68.00
69.00	06900	ELECTROCARDIOLOGY	0.090988	1,403,462	127,698 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265326	166,100	44,071 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.282701	2,798,269	791,073 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.467271	2,763,779	1,291,434 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405919	6,421,878	2,606,762 73.00
74.00	07400	RENAL DIALYSIS	0.430758	100,924	43,474 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.813645	1,793	1,459 75.00
76.00	03950	BLANK	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.690627	1,620	1,119 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.782822	274,027	214,514 90.00
91.00	09100	EMERGENCY	0.189641	2,969,506	563,140 91.00
92.00	09200	OBSERVATION BEDS	0.583833	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		54,458,180	14,516,971 200.00
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)		54,458,180	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/19/2013 9:36 am
		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		118,471,209	1.00
2.00	Outlier payments for discharges. (see instructions)		6,830,323	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		3,896,648	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		559.10	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)		145.75	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.		5.25	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)		151.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		176.11	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.04	11.00
12.00	Current year allowable FTE (see instructions)		153.04	12.00
13.00	Total allowable FTE count for the prior year.		148.75	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.		147.75	14.00
15.00	Sum of lines 12 through 14 divided by 3.		149.85	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		149.85	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.268020	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.266412	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.266412	21.00
22.00	IME payment adjustment (see instructions)		16,582,435	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)		25.11	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)		16,582,435	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	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)		13,564	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		6	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.04	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		30	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.714286	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		552.36	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		141,883,967	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	141,883,967		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	11,864,084		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).	4,684,573		52.00
53.00	Nursing and Allied Health Managed Care payment	14,136		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	308,579		58.00
59.00	Total (sum of amounts on lines 49 through 58)	158,755,339		59.00
60.00	Primary payer payments	63,822		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	158,691,517		61.00
62.00	Deductibles billed to program beneficiaries	11,548,373		62.00
63.00	Coinsurance billed to program beneficiaries	391,045		63.00
64.00	Allowable bad debts (see instructions)	939,815		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	657,871		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	635,814		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	147,409,970		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	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)	147,409,970		71.00
72.00	Interim payments	147,625,439		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)	-215,469		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)	6,830,323		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	867,112		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: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		343,006	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		179,973,120	2.00
3.00	PPS payments		124,835,319	3.00
4.00	Outlier payment (see instructions)		1,474,574	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		446,365	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		343,006	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		865,545	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)		865,545	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)		865,545	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		522,539	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)		343,006	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)		126,756,258	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		9,541	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		28,019,026	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)		99,070,697	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		4,219,546	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)		103,290,243	30.00
31.00	Primary payer payments		12,546	31.00
32.00	Subtotal (line 30 minus line 31)		103,277,697	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)		1,337,361	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		936,153	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		989,650	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		104,213,850	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-610	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)		104,214,460	40.00
41.00	Interim payments		103,408,389	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)		806,071	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)		1,474,574	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: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/19/2013 9:36 am
	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: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			2,861 2.00
3.00	PPS payments			2,675 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)			2,675 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)			757 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			1,918 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			1,918 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			1,918 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			1,918 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)			1,918 40.00
41.00	Interim payments			1,918 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: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/19/2013 9:36 am
	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: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/19/2013 9:36 am
		Component CCN: 14T010	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,050	2.00
3.00	PPS payments		5,577	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		15	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)		5,592	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)		1,644	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)		3,948	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)		3,948	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,948	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)		3,948	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)		3,948	40.00
41.00	Interim payments		3,950	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)		-2	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: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/19/2013 9:36 am
	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: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		148,049,609		103,103,007	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	06/12/2012	0	06/12/2012	0	3.01
3.02			0	09/18/2012	305,382	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	09/18/2012	424,170		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)		-424,170		305,382	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)		147,625,439		103,408,389	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		806,071	6.01
6.02	SETTLEMENT TO PROGRAM		215,469		0	6.02
7.00	Total Medicare program liability (see instructions)		147,409,970		104,214,460	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010
Component CCN: 14S010

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,398,846		1,918	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,398,846		1,918	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		84,218		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,483,064		1,918	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010
Component CCN: 14T010

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2013 9:36 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		4,218,418		3,950	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)		4,218,418		3,950	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		136,547		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		2	6.02
7.00	Total Medicare program liability (see instructions)		4,354,965		3,948	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part II
Date/Time Prepared:
2/19/2013 9:36 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			30,977 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			66,090 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,240 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			138,908 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			3,026,857,905 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			57,941,411 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,396,030 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,387,392 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			8,638 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2011 To 09/30/2012	Worksheet E-3 Part II Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,341,556 1.00
2.00	Net IPF PPS Outlier Payments			95,207 2.00
3.00	Net IPF PPS ECT Payments			70,688 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)			9.86 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			3.82 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)			3.82 8.00
9.00	Average Daily Census (see instructions)			29.193989 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.065377 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			153,084 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,660,535 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,660,535 16.00
17.00	Primary payer payments			10,265 17.00
18.00	Subtotal (line 16 less line 17).			2,650,270 18.00
19.00	Deductibles			218,344 19.00
20.00	Subtotal (line 18 minus line 19)			2,431,926 20.00
21.00	Coinsurance			43,953 21.00
22.00	Subtotal (line 20 minus line 21)			2,387,973 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			129,514 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			90,660 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			114,827 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,478,633 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)			4,431 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,483,064 31.00
32.00	Interim payments			2,398,846 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)			84,218 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			95,207 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: 140010 Component CCN: 14T010	Period: From 10/01/2011 To 09/30/2012	Worksheet E-3 Part III Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,695,083 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0064 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			138,880 3.00
4.00	Outlier Payments			423,434 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)			2.81 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.89 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)			0.89 9.00
10.00	Average Daily Census (see instructions)			15.142077 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.040053 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			147,999 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,405,396 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)			4,405,396 17.00
18.00	Primary payer payments			5,024 18.00
19.00	Subtotal (line 17 less line 18).			4,400,372 19.00
20.00	Deductibles			26,468 20.00
21.00	Subtotal (line 19 minus line 20)			4,373,904 21.00
22.00	Coinsurance			31,257 22.00
23.00	Subtotal (line 21 minus line 22)			4,342,647 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,973 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,881 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,973 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,347,528 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			7,437 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)			4,354,965 32.00
33.00	Interim payments			4,218,418 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)			136,547 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			423,434 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: 140010 Component CCN: 145855	Period: From 10/01/2011 To 09/30/2012	Worksheet E-3 Part VI Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			0 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			0 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			0 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Allowable reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)			0 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.99	Recovery of Accelerated Depreciation			0 14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)			0 15.00
16.00	Interim payments			0 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)			0 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2			0 19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 2/19/2013 9:36 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		33,487,045		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		33,487,045	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		33,487,045	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		54,458,180	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		54,458,180	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		54,458,180	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		20,971,135	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		33,487,045	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		33,487,045	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		33,487,045	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		33,487,045	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		33,487,045	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		33,487,045	0	40.00
41.00	Interim payments		33,487,045	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/19/2013 9:36 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			154.90	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			5.25	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			160.15	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			183.25	6.00
7.00	Enter the lesser of line 5 or line 6			160.15	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	79.23	93.81	173.04	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	69.24	81.98	151.22	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.04		10.00
11.00	Total weighted FTE count	69.24	84.02		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	78.94	72.76		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	80.49	69.69		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	76.22	75.49		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	76.22	75.49		17.00
18.00	Per resident amount	125,242.43	118,733.47		18.00
19.00	Approved amount for resident costs	9,545,978	8,963,190	18,509,168	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			23.10	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			18,509,168	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	72,528	2,448		26.00
27.00	Total Inpatient Days (see instructions)	155,135	155,135		27.00
28.00	Ratio of inpatient days to total inpatient days	0.467515	0.015780		28.00
29.00	Program direct GME amount	8,653,314	292,075		29.00
30.00	Reduction for direct GME payments for Medicare managed care		41,270		30.00
31.00	Net Program direct GME amount			8,904,119	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/19/2013 9:36 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		19,069,297	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		3,979,584	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		200,761,276	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		79,111	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		200,682,165	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		180,773,417	42.00
43.00	Primary payer payments (see instructions)		12,546	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		180,760,871	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		381,443,036	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.526113	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.473887	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		8,904,119	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		4,684,573	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,219,546	50.00

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

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet G

Date/Time Prepared:
2/19/2013 9:36 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	21,870,064	0	0	0	1.00
2.00	Temporary investments	61,976,078	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	220,178,164	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-40,118,435	0	0	0	6.00
7.00	Inventory	17,272,480	0	0	0	7.00
8.00	Prepaid expenses	30,628,419	0	0	0	8.00
9.00	Other current assets	938,925	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)	312,745,695	0	0	0	11.00
FIXED ASSETS						
12.00	Land	30,514,209	0	0	0	12.00
13.00	Land improvements	29,693,529	0	0	0	13.00
14.00	Accumulated depreciation	-10,915,705	0	0	0	14.00
15.00	Buildings	1,125,859,022	0	0	0	15.00
16.00	Accumulated depreciation	-495,508,099	0	0	0	16.00
17.00	Leasehold improvements	45,629,617	0	0	0	17.00
18.00	Accumulated depreciation	-22,824,956	0	0	0	18.00
19.00	Fixed equipment	389,887,640	0	0	0	19.00
20.00	Accumulated depreciation	-275,448,903	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	58,780,765	0	0	0	27.00
28.00	Accumulated depreciation	-52,952,556	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)	822,714,563	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,375,901,160	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	187,830,476	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,563,731,636	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,699,191,894	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	79,257,151	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	340,594,166	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	419,851,317	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	806,527,754	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	806,527,754	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,226,379,071	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,472,812,823				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,472,812,823	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,699,191,894	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-1

Date/Time Prepared:
2/19/2013 9:36 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		1,316,552,808		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		163,819,550			2.00
3.00	Total (sum of line 1 and line 2)		1,480,372,358		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CONTR TEMP RESTR FOR USE	0		0		5.00
6.00	NET REALIZED GAINS ON INV	2,137,271		0		6.00
7.00	TRFS TO PROP & EQUIP	1,343,549		0		7.00
8.00	UNREALIZED INCOME	11,009,680		0		8.00
9.00	OTHERS	0		0		9.00
10.00	Total additions (sum of line 4-9)		14,490,500		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,494,862,858		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	UNREALIZED INCOME	0		0		13.00
14.00	TRANSFER TO ENDOWMENT	0		0		14.00
15.00	NET REALIZED GAIN ON INVEST	0		0		15.00
16.00	OTHERS	1,888,639		0		16.00
17.00	PENSION ADJUSTMENT	20,161,396		0		17.00
18.00	Total deductions (sum of lines 12-17)		22,050,035		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,472,812,823		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-1

Date/Time Prepared:
2/19/2013 9:36 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00 CONTR TEMP RESTR FOR USE	0		0			5.00
6.00 NET REALIZED GAINS ON INV	0		0			6.00
7.00 TRFS TO PROP & EQUIP	0		0			7.00
8.00 UNREALIZED INCOME	0		0			8.00
9.00 OTHERS	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 UNREALIZED INCOME	0		0			13.00
14.00 TRANSFER TO ENDOWMENT	0		0			14.00
15.00 NET REALIZED GAIN ON INVEST	0		0			15.00
16.00 OTHERS	0		0			16.00
17.00 PENSION ADJUSTMENT	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: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	199,370,806		199,370,806	1.00
2.00	SUBPROVIDER - IPF	19,288,506		19,288,506	2.00
3.00	SUBPROVIDER - IRF	7,828,763		7,828,763	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0	0	0	5.00
6.00	Swing bed - NF	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	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)	226,488,075		226,488,075	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	49,747,220		49,747,220	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	46,503,650		46,503,650	11.01
12.00	CORONARY CARE UNIT	15,592,878		15,592,878	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)	111,843,748		111,843,748	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	338,331,823		338,331,823	17.00
18.00	Ancillary services	873,991,353	1,941,402,808	2,815,394,161	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		17,837,801	17,837,801	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	8,749,614	8,749,614	26.00
27.00	OTHER PATIENT REVENUES	0	41,523,816	41,523,816	27.00
27.01	ELIMINATION ENTRY	0	-1,616,821	-1,616,821	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,212,323,176	2,007,897,218	3,220,220,394	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,132,022,284		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBT	25,132,254			31.00
32.00	RESEARCH EXPENSES	29,081,144			32.00
33.00	FOUNDATION EXPENSES	8,165,272			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		62,378,670		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	INDIRECT OPERATING EXPENSES	2,160,840			38.00
39.00	ELIMINATION	6,223,943			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		8,384,783		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,186,016,171		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-3

Date/Time Prepared:
2/19/2013 9:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,220,220,394	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,102,313,680	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,117,906,714	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,186,016,171	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-68,109,457	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	9,783,301	6.00
7.00	Income from investments	20,454,082	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	1,400,381	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	4,687,955	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	6,829,045	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	967,519	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	646,124	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	23,924,063	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER: LAB REF TEST, GRANT INC, EPIC	27,176,584	24.00
24.01	RESEARCH/FOUNDATION PRGM REVENUE	39,075,623	24.01
25.00	Total other income (sum of lines 6-24)	134,944,677	25.00
26.00	Total (line 5 plus line 25)	66,835,220	26.00
27.00	INTERCOMPANY TRANSFER	12,221,251	27.00
27.01	NON-OPERATING INCOME	-109,205,581	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	-96,984,330	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	163,819,550	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140010

Period:

Worksheet H

HHA CCN: 147001

From 10/01/2011
To 09/30/2012

Date/Time Prepared:
2/19/2013 9:36 am

Home Health
Agency I

PPS

		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	238,156	0	0	4.00
5.00	Administrative and General	2,443,070	706,648	0	262,800	89,068	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,489,076	721,261	0	0	0	6.00
7.00	Physical Therapy	1,778,652	515,401	0	0	0	7.00
8.00	Occupational Therapy	139,797	40,509	0	0	0	8.00
9.00	Speech Pathology	36,427	10,556	0	0	0	9.00
10.00	Medical Social Services	62,918	18,232	0	0	0	10.00
11.00	Home Health Aide	57,210	16,578	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	281,268	0	12.00
13.00	Drugs	0	0	0	336,026	0	13.00
14.00	DME	37,506	10,868	0	1,756,988	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	477,390	0	23.00
24.00	Total (sum of lines 1-23)	7,044,656	2,040,053	238,156	3,114,472	89,068	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: 140010

Period: From 10/01/2011

Worksheet H

HHA CCN: 147001

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

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	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	238,156	0	238,156	0	4.00
5.00	Administrative and General	3,501,586	0	3,501,586	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	3,210,337	0	3,210,337	0	6.00
7.00	Physical Therapy	2,294,053	0	2,294,053	0	7.00
8.00	Occupational Therapy	180,306	0	180,306	0	8.00
9.00	Speech Pathology	46,983	0	46,983	0	9.00
10.00	Medical Social Services	81,150	0	81,150	0	10.00
11.00	Home Health Aide	73,788	0	73,788	0	11.00
12.00	Supplies (see instructions)	281,268	0	281,268	0	12.00
13.00	Drugs	336,026	0	336,026	0	13.00
14.00	DME	1,805,362	-813,416	991,946	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)	477,390	0	477,390	0	23.00
24.00	Total (sum of lines 1-23)	12,526,405	-813,416	11,712,989	0	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: 140010 HHA CCN: 147001	Period: From 10/01/2011 To 09/30/2012	Worksheet H-1 Part I Date/Time Prepared: 2/19/2013 9:36 am
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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			2.00
3.00	Plant Operation & Maintenance	0	0	0		3.00
4.00	Transportation	238,156	0	0	238,156	4.00
5.00	Administrative and General	3,501,586	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	3,210,337	0	0	118,952	6.00
7.00	Physical Therapy	2,294,053	0	0	100,143	7.00
8.00	Occupational Therapy	180,306	0	0	7,525	8.00
9.00	Speech Pathology	46,983	0	0	1,981	9.00
10.00	Medical Social Services	81,150	0	0	2,223	10.00
11.00	Home Health Aide	73,788	0	0	7,332	11.00
12.00	Supplies (see instructions)	281,268	0	0	0	12.00
13.00	Drugs	336,026	0	0	0	13.00
14.00	DME	991,946	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)	477,390	0	0	0	23.00
24.00	Total (sum of lines 1-23)	11,712,989	0	0	238,156	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140010	Period: From 10/01/2011	Worksheet H-1
		HHA CCN: 147001	To 09/30/2012	Part I
				Date/Time Prepared: 2/19/2013 9:36 am
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00		0		1.00
2.00		0		2.00
3.00		0		3.00
4.00				4.00
5.00	3,501,586	3,501,586		5.00
HHA REIMBURSABLE SERVICES				
6.00	3,329,289	1,419,705	4,748,994	6.00
7.00	2,394,196	1,020,957	3,415,153	7.00
8.00	187,831	80,097	267,928	8.00
9.00	48,964	20,880	69,844	9.00
10.00	83,373	35,553	118,926	10.00
11.00	81,120	34,592	115,712	11.00
12.00	281,268	119,941	401,209	12.00
13.00	336,026	143,292	479,318	13.00
14.00	991,946	422,996	1,414,942	14.00
HHA NONREIMBURSABLE SERVICES				
15.00	0	0	0	15.00
16.00	0	0	0	16.00
17.00	0	0	0	17.00
18.00	0	0	0	18.00
19.00	0	0	0	19.00
20.00	0	0	0	20.00
21.00	0	0	0	21.00
22.00	0	0	0	22.00
23.00	477,390	203,573	680,963	23.00
24.00	11,712,989		11,712,989	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-1
Part II
Date/Time Prepared:
2/19/2013 9:36 am

HHA CCN: 147001

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		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	2.00
3.00	Plant Operation & Maintenance	0	0	8,786,663		0	3.00
4.00	Transportation (see instructions)	0	0	0	43,166		4.00
5.00	Administrative and General	0	0	0	0	-3,501,586	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	3,210,337	21,560	0	6.00
7.00	Physical Therapy	0	0	2,294,053	18,151	0	7.00
8.00	Occupational Therapy	0	0	180,306	1,364	0	8.00
9.00	Speech Pathology	0	0	46,983	359	0	9.00
10.00	Medical Social Services	0	0	81,149	403	0	10.00
11.00	Home Health Aide	0	0	73,788	1,329	0	11.00
12.00	Supplies (see instructions)	0	0	281,268	0	0	12.00
13.00	Drugs	0	0	336,026		0	13.00
14.00	DME	0	0	1,805,363	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	477,390	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	8,786,663	43,166	-3,501,586	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	238,156		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	5.517213		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet H-1 Part II Date/Time Prepared: 2/19/2013 9:36 am
	HHA CCN: 147001	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	8,211,403	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	3,329,289	6.00
7.00	Physical Therapy	2,394,196	7.00
8.00	Occupational Therapy	187,831	8.00
9.00	Speech Pathology	48,964	9.00
10.00	Medical Social Services	83,373	10.00
11.00	Home Health Aide	81,120	11.00
12.00	Supplies (see instructions)	281,268	12.00
13.00	Drugs	336,026	13.00
14.00	DME	991,946	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)	477,390	23.00
24.00	Total (sum of lines 1-23)	8,211,403	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	3,501,586	25.00
26.00	Unit Cost Multiplier	0.426430	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2011 To 09/30/2012	Worksheet H-2 Part I Date/Time Prepared: 2/19/2013 9:36 am PPS
			Home Health Agency I	

Cost Center Description	HHA Trial Balance (1) 0	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS 4.00	Subtotal 4A	
		BLDG & FIXT 1.00	MVBLE EQUIP 2.00			
		1.00 Administrative and General	0			
2.00 Skilled Nursing Care	4,748,994	61,924	4,714	94,360	4,909,992	2.00
3.00 Physical Therapy	3,415,153	28,180	2,145	67,429	3,512,907	3.00
4.00 Occupational Therapy	267,928	2,014	153	5,300	275,395	4.00
5.00 Speech Pathology	69,844	802	61	1,381	72,088	5.00
6.00 Medical Social Services	118,926	1,400	106	2,385	122,817	6.00
7.00 Home Health Aide	115,712	3,072	235	2,169	121,188	7.00
8.00 Supplies (see instructions)	401,209	0	0	0	401,209	8.00
9.00 Drugs	479,318	0	0	0	479,318	9.00
10.00 DME	1,414,942	1,434	109	1,422	1,417,907	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)	680,963	0	0	0	680,963	19.00
20.00 Total (sum of lines 1-19) (2)	11,712,989	155,407	11,830	267,063	12,147,289	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: 140010

Period:

Worksheet H-2

HHA CCN: 147001

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Home Health
Agency I

PPS

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	40,731	0	182,704	0	43,257	1.00
2.00	Skilled Nursing Care	1,302,832	0	199,955	0	47,341	2.00
3.00	Physical Therapy	932,125	0	90,994	0	21,544	3.00
4.00	Occupational Therapy	73,074	0	6,504	0	1,540	4.00
5.00	Speech Pathology	19,128	0	2,590	0	613	5.00
6.00	Medical Social Services	32,589	0	4,519	0	1,070	6.00
7.00	Home Health Aide	32,156	0	9,921	0	2,349	7.00
8.00	Supplies (see instructions)	106,458	0	0	0	0	8.00
9.00	Drugs	127,184	0	0	0	0	9.00
10.00	DME	376,232	0	4,630	0	1,096	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)	180,689	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,223,198	0	501,817	0	118,810	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: 140010

Period:

Worksheet H-2

HHA CCN: 147001

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Home Health
Agency I

PPS

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	25,381	0	0	0	1.00
2.00 Skilled Nursing Care	0	27,788	0	355,786	0	2.00
3.00 Physical Therapy	0	12,640	0	0	0	3.00
4.00 Occupational Therapy	0	900	0	0	0	4.00
5.00 Speech Pathology	0	356	0	0	0	5.00
6.00 Medical Social Services	0	625	0	0	0	6.00
7.00 Home Health Aide	0	1,382	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	29,019	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	644	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	69,716	0	355,786	29,019	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: 140010

Period:

Worksheet H-2

HHA CCN: 147001

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Home Health
Agency I

PPS

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	19,092	106,031	0	0	1.00
2.00	Skilled Nursing Care	0	20,904	116,148	0	0	2.00
3.00	Physical Therapy	0	9,509	52,881	0	0	3.00
4.00	Occupational Therapy	0	677	3,777	0	0	4.00
5.00	Speech Pathology	0	268	1,484	0	0	5.00
6.00	Medical Social Services	0	470	2,563	0	0	6.00
7.00	Home Health Aide	0	1,039	5,801	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	1,134,733	484	2,698	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)	1,134,733	52,443	291,383	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: 140010 HHA CCN: 147001	Period: From 10/01/2011 To 09/30/2012	Worksheet H-2 Part I Date/Time Prepared: 2/19/2013 9:36 am PPS
			Home Health Agency I	

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY RESIDENCY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
1.00 Administrative and General	0	0	0	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) (2)	0	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: 140010

Period:

Worksheet H-2

HHA CCN: 147001

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
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Home Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	570,701	0	570,701			1.00
2.00	Skilled Nursing Care	6,980,746	0	6,980,746	229,573	7,210,319	2.00
3.00	Physical Therapy	4,632,600	0	4,632,600	152,352	4,784,952	3.00
4.00	Occupational Therapy	361,867	0	361,867	11,901	373,768	4.00
5.00	Speech Pathology	96,527	0	96,527	3,174	99,701	5.00
6.00	Medical Social Services	164,653	0	164,653	5,415	170,068	6.00
7.00	Home Health Aide	173,836	0	173,836	5,717	179,553	7.00
8.00	Supplies (see instructions)	536,686	0	536,686	17,650	554,336	8.00
9.00	Drugs	606,502	0	606,502	19,946	626,448	9.00
10.00	DME	2,938,424	0	2,938,424	96,636	3,035,060	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)	861,652	0	861,652	28,337	889,989	19.00
20.00	Total (sum of lines 1-19) (2)	17,924,194	0	17,924,194	570,701	17,924,194	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.				0.032887		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: 140010

HHA CCN: 147001

Period:

From 10/01/2011 To 09/30/2012

Worksheet H-2

Part II
Date/Time Prepared: 2/19/2013 9:36 am

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
1.00 Administrative and General	3,315	4,458	2,443,070	5A	0	153,505	1.00
2.00 Skilled Nursing Care	3,628	4,880	2,489,077		0	4,909,992	2.00
3.00 Physical Therapy	1,651	2,220	1,778,652		0	3,512,907	3.00
4.00 Occupational Therapy	118	158	139,797		0	275,395	4.00
5.00 Speech Pathology	47	63	36,427		0	72,088	5.00
6.00 Medical Social Services	82	110	62,918		0	122,817	6.00
7.00 Home Health Aide	180	243	57,210		0	121,188	7.00
8.00 Supplies (see instructions)	0	0	0		0	401,209	8.00
9.00 Drugs	0	0	0		0	479,318	9.00
10.00 DME	84	113	37,506		0	1,417,907	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	680,963	19.00
20.00 Total (sum of lines 1-19)	9,105	12,245	7,044,657			12,147,289	20.00
21.00 Total cost to be allocated	155,407	11,830	267,063			3,223,198	21.00
22.00 Unit cost multiplier	17.068314	0.966109	0.037910			0.265343	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2011 To 09/30/2012	Worksheet H-2 Part II Date/Time Prepared: 2/19/2013 9:36 am PPS
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	0	3,315	0	3,315	0	1.00
2.00 Skilled Nursing Care	0	3,628	0	3,628	0	2.00
3.00 Physical Therapy	0	1,651	0	1,651	0	3.00
4.00 Occupational Therapy	0	118	0	118	0	4.00
5.00 Speech Pathology	0	47	0	47	0	5.00
6.00 Medical Social Services	0	82	0	82	0	6.00
7.00 Home Health Aide	0	180	0	180	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	84	0	84	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	9,105	0	9,105	0	20.00
21.00 Total cost to be allocated	0	501,817	0	118,810	0	21.00
22.00 Unit cost multiplier	0.000000	55.114443	0.000000	13.048874	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet H-2

HHA CCN: 147001

To 09/30/2012

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Home Health Agency I

PPS

Cost Center Description	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	78,152	0	0	0	0	1.00
2.00 Skilled Nursing Care	85,563	0	43	0	0	2.00
3.00 Physical Therapy	38,922	0	0	0	0	3.00
4.00 Occupational Therapy	2,772	0	0	0	0	4.00
5.00 Speech Pathology	1,097	0	0	0	0	5.00
6.00 Medical Social Services	1,925	0	0	0	0	6.00
7.00 Home Health Aide	4,254	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	138,016	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	1,983	0	0	0	813,416	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)	214,668	0	43	138,016	813,416	20.00
21.00 Total cost to be allocated	69,716	0	355,786	29,019	1,134,733	21.00
22.00 Unit cost multiplier	0.324762	0.000000	8,274.093023	0.210258	1.395022	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2011 To 09/30/2012	Worksheet H-2 Part II Date/Time Prepared: 2/19/2013 9:36 am PPS
		Home Health Agency I	

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00		
1.00 Administrative and General	6,494,034	786	0	0		1.00
2.00 Skilled Nursing Care	7,109,849	861	0	0		2.00
3.00 Physical Therapy	3,234,221	392	0	0		3.00
4.00 Occupational Therapy	230,330	28	0	0		4.00
5.00 Speech Pathology	91,172	11	0	0		5.00
6.00 Medical Social Services	159,952	19	0	0		6.00
7.00 Home Health Aide	353,493	43	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	164,750	20	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)	17,837,801	2,160	0	0		20.00
21.00 Total cost to be allocated	52,443	291,383	0	0		21.00
22.00 Unit cost multiplier	0.002940	134.899537	0.000000	0.000000		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140010
HHA CCN: 147001

Period:
From 10/01/2011
To 09/30/2012

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Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS					
	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED ED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	0	0	0	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)	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140010 HHA CCN: 147001		Period: From 10/01/2011 To 09/30/2012		Worksheet H-3 Parts I-II Date/Time Prepared: 2/19/2013 9:36 am	
		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	7,210,319		7,210,319	30,780	1.00
2.00	Physical Therapy	3.00	4,784,952	0	4,784,952	24,687	2.00
3.00	Occupational Therapy	4.00	373,768	0	373,768	1,730	3.00
4.00	Speech Pathology	5.00	99,701	0	99,701	406	4.00
5.00	Medical Social Services	6.00	170,068		170,068	506	5.00
6.00	Home Health Aide	7.00	179,553		179,553	1,461	6.00
7.00	Total (sum of lines 1-6)		12,818,361	0	12,818,361	59,570	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	10,360	6,702		8.00
8.01	Skilled Nursing Care		29404	2,995	1,503		8.01
9.00	Physical Therapy		16974	8,243	6,219		9.00
9.01	Physical Therapy		29404	2,392	1,297		9.01
10.00	Occupational Therapy		16974	628	511		10.00
10.01	Occupational Therapy		29404	123	102		10.01
11.00	Speech Pathology		16974	253	56		11.00
11.01	Speech Pathology		29404	24	26		11.01
12.00	Medical Social Services		16974	134	197		12.00
12.01	Medical Social Services		29404	26	46		12.01
13.00	Home Health Aide		16974	628	458		13.00
13.01	Home Health Aide		29404	112	131		13.01
14.00	Total (sum of lines 8-13)			25,918	17,248		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	554,336	0	554,336	0	15.00
16.00	Cost of Drugs	9.00	626,448	0	626,448	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	0.419773	0	0	1.00
2.00	Occupational Therapy		67.00	0.347925	0	0	2.00
3.00	Speech Pathology		68.00	0.291036	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.282701	0	0	4.00
5.00	Cost of Drugs		73.00	0.405919	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140010
HHA CCN: 147001

Period:
From 10/01/2011
To 09/30/2012

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Parts I-III
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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		
	5.00	6.00	7.00	8.00		
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	234.25	13,355	8,205		1.00
2.00	Physical Therapy	193.82	10,635	7,516		2.00
3.00	Occupational Therapy	216.05	751	613		3.00
4.00	Speech Pathology	245.57	277	82		4.00
5.00	Medical Social Services	336.10	160	243		5.00
6.00	Home Health Aide	122.90	740	589		6.00
7.00	Total (sum of lines 1-6)		25,918	17,248		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
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	6.00	7.00	8.00		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000		0	0	15.00
16.00	Cost of Drugs	0.000000				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: 140010	Period:	Worksheet H-3
	HHA CCN: 147001	From 10/01/2011 To 09/30/2012	Parts I-III Date/Time Prepared: 2/19/2013 9:36 am
	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 & Coi nsurance	Subject to Deductibles & Coi nsurance			
	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	3,128,409	1,922,021		5,050,430	1.00
2.00	Physical Therapy	2,061,276	1,456,751		3,518,027	2.00
3.00	Occupational Therapy	162,254	132,439		294,693	3.00
4.00	Speech Pathology	68,023	20,137		88,160	4.00
5.00	Medical Social Services	53,776	81,672		135,448	5.00
6.00	Home Health Aide	90,946	72,388		163,334	6.00
7.00	Total (sum of lines 1-6)	5,564,684	3,685,408		9,250,092	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies					15.00
16.00	Cost of Drugs		0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2011 To 09/30/2012	Worksheet H-4 Part I-II Date/Time Prepared: 2/19/2013 9:36 am
		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	9,912,241	0	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)	9,912,241	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	9,912,241	0	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		5,139,903	3,444,874
12.00	Total PPS Reimbursement - Full Episodes with Outliers		9,192	7,379
13.00	Total PPS Reimbursement - LUPA Episodes		105,998	123,991
14.00	Total PPS Reimbursement - PEP Episodes		38,795	62,120
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		4,429	679
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)		5,298,317	3,639,043
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		5,298,317	3,639,043
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		5,298,317	3,639,043
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)		5,298,317	3,639,043
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		5,298,317	3,639,043
32.00	Interim payments (see instructions)		5,298,317	3,639,043
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: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet H-5
	HHA CCN: 147001	Home Health Agency I	Date/Time Prepared: 2/19/2013 9:36 am 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		5,298,317		3,639,043	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)		5,298,317		3,639,043	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)		5,298,317		3,639,043	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140010

Period:

Worksheet I-1

Component CCN: 142300

From 10/01/2011
To 09/30/2012

Date/Time Prepared:
2/19/2013 9:36 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	963,644	Hours of Service	23,543.00	11.32	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	684,081	Hours of Service	30,558.00	14.69	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	73,792	Accumulated Cost			7.00
8.00	Non-patient Care Salary	80,599	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	1,802,116				9.00
10.00	Employee Benefits	501,374	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	725,978	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	1,428,758	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	4,458,226				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	193,964	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	81,788	Percentage of Time			19.00
20.00	Employee Benefits	68,318	Salary			20.00
21.00	Administrative & General	1,274,256	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	774,608	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	1,925	Requisitions			24.00
25.00	Pharmacy	719,485	Requisitions			25.00
26.00	Other Allocated Costs	641,690	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	8,214,260				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)	8,214,260				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: 140010

Period: From 10/01/2011

Worksheet 1-2

Component CCN: 142300

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		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	968,572	81,788	963,644	684,081	569,692	1.00
MAINTENANCE							
2.00	Hemodialysis	764,631	64,613	760,789	540,063	449,757	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	143,688	12,268	142,932	101,474	84,500	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	60,253	4,907	59,923	42,544	35,435	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)	968,572	81,788	963,644	684,081	569,692	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: 140010	Period: From 10/01/2011	Worksheet 1-2
		Component CCN: 142300	To 09/30/2012	Date/Time Prepared: 2/19/2013 9:36 am

		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	719,485	727,903	0	4,715,165	3,499,095	1.00
MAINTENANCE							
2.00	Hemodialysis	719,485	574,644	0	3,873,982	2,874,859	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	107,949	0	592,811	439,921	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	45,310	0	248,372	184,315	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)	72,082					14.00
15.00	ARANESP (include in Renal Department)	394,772					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	719,485	727,903	0	4,715,165	3,499,095	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: 140010
Component CCN: 142300

Period:
From 10/01/2011
To 09/30/2012

Worksheet 1-2
Date/Time Prepared:
2/19/2013 9:36 am

		Total (col. 9 + col. 10) 11.00	
1.00	Total Renal Department Costs	8,214,260	1.00
MAINTENANCE			
2.00	Hemodialysis	6,748,841	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	1,032,732	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	432,687	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)	8,214,260	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	8,214,260	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010
Component CCN: 142300

Period:
From 10/01/2011
To 09/30/2012

Worksheet 1-3
Date/Time Prepared:
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		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		968,572	81,788	963,644	684,081	1.00
MAINTENANCE							
2.00	Hemodialysis		8,972	79.00	18,587.00	28,245.00	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		1,686	15.00	3,492.00	5,307.00	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		707	6.00	1,464.00	2,225.00	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		11,365	100.00	23,543.00	35,777.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		85.224109	817.880000	40.931232	19.120692	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet 1-3

Component CCN: 142300

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		Renal Dialysis				Subtotal	
	Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)			
	5.00	6.00	7.00	8.00	9.00		
1.00	Total Renal Department Costs	569,692	719,485	727,903	0	4,715,165	1.00
MAINTENANCE							
2.00	Hemodialysis	1,422,723	0	7,229	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	267,300	0	1,358	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	112,093	0	570	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		72,082				14.00
15.00	ARANESP		394,772				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	1,802,116	466,854	9,157	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.316124	1.541135	79.491427	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet 1-3

Component CCN: 142300

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

Renal Dialysis

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	3,499,095	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	4,715,165	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.742094	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet 1-4

Component CCN: 142300

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		Rate 0			Renal Dialysis		
		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	15,328	6,748,841	440.29	13,087	5,762,075	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	799	1,032,732	1,292.53	13	16,803	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	2,819	432,687	153.49	362	55,563	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	16,127	8,214,260		13,100	5,834,441	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140010
Component CCN: 142300

Period:
From 10/01/2011
To 09/30/2012

Worksheet 1-4
Date/Time Prepared:
2/19/2013 9:36 am

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Rate 0	Renal Dialysis
		6.00	7.00		
1.00	Maintenance - Hemodialysis	2,652,931	202.71		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	2,698	207.54		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	223,513	617.44		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	2,879,142			11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140010

Period:
From 10/01/2011
To 09/30/2012

Worksheet I-5

Date/Time Prepared:
2/19/2013 9:36 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	5,834,441	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	2,879,142	2.00
3.00	Deductibles billed to Medicare (Part B) patients	118	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	575,800	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)	575,918	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	2,303,219	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	2,955,304	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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K

Hospice CCN: 141522

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	84,129	0	0	4.00
5.00	Volunteer Service Coordination	53,422	15,511	0	0	0	5.00
6.00	Administrative and General	351,910	102,178	0	0	204,048	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	460,649	69,182	0	0	0	9.00
10.00	Nursing Care	1,057,856	307,152	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	177,465	51,528	0	0	0	15.00
16.00	Spiritual Counseling	88,391	25,665	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	6,923	2,010	0	1,586,226	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	292,244	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	257,374	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	85,338	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	55,822	16,208	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,252,438	589,434	84,129	1,671,564	753,666	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K

Hospice CCN: 141522

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	84,129	0	84,129	0	84,129	4.00
5.00	Volunteer Service Coordination	68,933	0	68,933	0	68,933	5.00
6.00	Administrative and General	658,136	0	658,136	0	658,136	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	529,831	0	529,831	0	529,831	9.00
10.00	Nursing Care	1,365,008	0	1,365,008	0	1,365,008	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	228,993	0	228,993	0	228,993	15.00
16.00	Spiritual Counseling	114,056	0	114,056	0	114,056	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	1,595,159	0	1,595,159	0	1,595,159	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	292,244	-292,244	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	257,374	0	257,374	0	257,374	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	85,338	0	85,338	0	85,338	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	72,030	0	72,030	0	72,030	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,351,231	-292,244	5,058,987	0	5,058,987	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-1

Hospice CCN: 141522

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	93,410	0	0	103,584	154,916	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	975,214	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	177,465	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	55,822	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	93,410	0	177,465	159,406	1,130,130	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-1

Hospice CCN: 141522

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	53,422	5.00
6.00	Administrative and General		0	0	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	460,649	9.00
10.00	Nursing Care		82,642	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	88,391	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	6,923	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	55,822
36.00	Volunteer Program Costs		0	0	0
37.00	Fundraising		0	0	0
38.00	Other Program Costs		0	0	0
39.00	Total (sum of lines 1 thru 38)	0	82,642	609,385	2,252,438

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet K-2
		Hospice CCN: 141522		Date/Time Prepared: 2/19/2013 9:36 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	27,122	0	0	30,076	44,980	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	283,157	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	51,528	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	16,208	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	27,122	0	51,528	46,284	328,137	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-2

Hospice CCN: 141522

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	15,511	15,511	5.00
6.00	Administrative and General		0	0	102,178	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	69,182	69,182	9.00
10.00	Nursing Care		23,995	0	307,152	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	51,528	15.00
16.00	Spiritual Counseling		0	25,665	25,665	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	2,010	2,010	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	16,208	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	23,995	112,368	589,434	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140010	Period: From 10/01/2011	Worksheet K-3
		Hospice CCN: 141522	To 09/30/2012	Date/Time Prepared: 2/19/2013 9:36 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140010 Hospice CCN: 141522		Period: From 10/01/2011 To 09/30/2012		Worksheet K-3 Date/Time Prepared: 2/19/2013 9:36 am	
		Total Therapists	Aides	All-Other	Hospice I Total (1)		
		6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0	0	3.00
4.00	Transportation - Staff		0	0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	0	5.00
6.00	Administrative and General		0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care		0	0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services		0	0	0	0	9.00
10.00	Nursing Care		0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	0	16.00
17.00	Dietary Counseling		0	0	0	0	17.00
18.00	Counseling - Other		0	0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	0	20.00
21.00	Other		0	1,586,226	1,586,226	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0	0	27.00
28.00	Imaging Services		0	0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	0	29.00
30.00	Medical Supplies		0	85,338	85,338	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	0	31.00
32.00	Radiation Therapy		0	0	0	0	32.00
33.00	Chemotherapy		0	0	0	0	33.00
34.00	Other		0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs		0	0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	0	36.00
37.00	Fundraising		0	0	0	0	37.00
38.00	Other Program Costs		0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,671,564	1,671,564	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-4

Hospice CCN: 141522

To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	84,129	0	0	0	84,129	4.00
5.00	Volunteer Service Coordination	68,933	0	0	0	0	5.00
6.00	Administrative and General	658,136	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	529,831	0	0	0	9,818	9.00
10.00	Nursing Care	1,365,008	0	0	0	25,294	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	228,993	0	0	0	4,243	15.00
16.00	Spiritual Counseling	114,056	0	0	0	2,114	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	1,595,159	0	0	0	29,560	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	5,415	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	257,374	0	0	0	4,769	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	85,338	0	0	0	1,581	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	72,030	0	0	0	1,335	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,058,987	0	0	0	84,129	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-4

Hospice CCN: 141522

To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	68,933				5.00
6.00	Administrative and General	0	658,136	658,136		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	8,045	547,694	81,906	629,600	9.00
10.00	Nursing Care	20,725	1,411,027	211,015	1,622,042	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	3,477	236,713	35,400	272,113	15.00
16.00	Spiritual Counseling	1,732	117,902	17,632	135,534	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	24,219	1,648,938	246,596	1,895,534	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	4,437	9,852	1,473	11,325	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	3,908	266,051	39,787	305,838	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	1,296	88,215	13,192	101,407	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	1,094	74,459	11,135	85,594	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	68,933	5,058,987		5,058,987	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-4

Hospice CCN: 141522

To 09/30/2012

Part II
Date/Time Prepared:
2/19/2013 9:36 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	84,128		4.00
5.00	Volunteer Service Coordination	0	0	0	0	68,935	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	9,818	8,045	9.00
10.00	Nursing Care	0	0	0	25,294	20,726	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	4,243	3,477	15.00
16.00	Spiritual Counseling	0	0	0	2,114	1,732	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	29,559	24,220	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	5,415	4,437	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	4,769	3,908	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	1,581	1,296	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	1,335	1,094	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	84,129	68,933	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	1.000012	0.999971	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:

Worksheet K-4

Hospice CCN: 141522

From 10/01/2011
To 09/30/2012

Part II
Date/Time Prepared:
2/19/2013 9:36 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-658,136	4,400,851	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	547,694	9.00
10.00	Nursing Care	0	1,411,027	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	236,713	15.00
16.00	Spiritual Counseling	0	117,902	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	1,648,938	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	9,852	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	266,051	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	88,215	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	74,459	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		658,136	39.00
40.00	Unit Cost Multiplier		0.149547	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-5

Hospice CCN: 141522

To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0			4.00	4A	
1.00	Administrative and General		9,454	389	13,341	23,184	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	629,600	4,778	197	17,463	652,038	4.00
5.00	Nursing Care	1,622,042	39,879	1,643	40,104	1,703,668	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	272,113	7,030	290	6,728	286,161	10.00
11.00	Spiritual Counseling	135,534	3,430	142	3,351	142,457	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	1,895,534	154	7	262	1,895,957	16.00
17.00	Drugs, Biological and Infusion Therapy	11,325	0	0	0	11,325	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	305,838	0	0	0	305,838	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	101,407	0	0	0	101,407	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	85,594	2,252	93	2,116	90,055	30.00
31.00	Volunteer Program Costs	0	2,252	93	2,025	4,370	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,058,987	69,229	2,854	85,390	5,216,460	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	6,152	0	30,526	0	7,227	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	173,014	0	15,428	0	3,653	4.00
5.00	Nursing Care	452,056	0	128,771	0	30,488	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	75,931	0	22,702	0	5,375	10.00
11.00	Spiritual Counseling	37,800	0	11,075	0	2,622	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	503,078	0	496	0	117	16.00
17.00	Drugs, Biological and Infusion Therapy	3,005	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	81,152	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	26,908	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	23,895	0	7,273	0	1,722	30.00
31.00	Volunteer Program Costs	1,160	0	7,273	0	1,722	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,384,151	0	223,544	0	52,926	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	2,736	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	1,384	0	0	0	4.00
5.00	Nursing Care	0	11,549	0	107,563	0	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	2,034	0	0	0	10.00
11.00	Spiritual Counseling	0	994	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	45	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	15,228	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	650	0	0	0	30.00
31.00	Volunteer Program Costs	0	650	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	20,042	0	107,563	15,228	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-5

Hospice CCN: 141522

To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	3,512	124,531	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	1,777	63,007	0	0	4.00
5.00	Nursing Care	0	14,822	525,511	0	0	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	2,611	92,555	0	0	10.00
11.00	Spiritual Counseling	0	1,276	45,198	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	58	2,024	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	407,687	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	834	29,547	0	0	30.00
31.00	Volunteer Program Costs	0	834	29,547	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	407,687	25,724	911,920	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Hospice I

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY RESIDENCY	PARAMED PRGM-MEDICAL TECH	PARAMED PRGM-SCHOOL OF ANESTHESI	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-5

Hospice CCN: 141522

To 09/30/2012

Part I
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice I					
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	197,868					1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	910,301	0	910,301	22,054	932,355	4.00
5.00	Nursing Care	2,974,428	0	2,974,428	72,058	3,046,486	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	487,369	0	487,369	11,807	499,176	10.00
11.00	Spiritual Counseling	241,422	0	241,422	5,849	247,271	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	2,401,775	0	2,401,775	58,188	2,459,963	16.00
17.00	Drugs, Biological and Infusion Therapy	422,017	0	422,017	10,224	432,241	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	386,990	0	386,990	9,376	396,366	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	143,543	0	143,543	3,478	147,021	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	153,976	0	153,976	3,730	157,706	30.00
31.00	Volunteer Program Costs	45,556	0	45,556	1,104	46,660	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,365,245	0	8,365,245		8,365,245	34.00
35.00	Unit Cost Multiplier (see instructions)				0.024227		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2011
To 09/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
		1.00	2.00	4.00				
1.00	Administrative and General	554	403	351,910	0	23,184	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	280	204	460,649	0	652,038	4.00	
5.00	Nursing Care	2,337	1,702	1,057,856	0	1,703,668	5.00	
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	412	300	177,465	0	286,161	10.00	
11.00	Spiritual Counseling	201	147	88,391	0	142,457	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	9	7	6,923	0	1,895,957	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	11,325	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	305,838	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	101,407	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	132	96	55,822	0	90,055	30.00	
31.00	Volunteer Program Costs	132	96	53,422	0	4,370	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	4,057	2,955	2,252,438		5,216,460	34.00	
35.00	Total cost to be allocated	69,229	2,854	85,390		1,384,151	35.00	
36.00	Unit Cost Multiplier (see instructions)	17.064087	0.965821	0.037910		0.265343	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2011
To 09/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	554	0	554	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	280	0	280	0	4.00
5.00	Nursing Care	0	2,337	0	2,337	0	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	412	0	412	0	10.00
11.00	Spiritual Counseling	0	201	0	201	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	9	0	9	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	132	0	132	0	30.00
31.00	Volunteer Program Costs	0	132	0	132	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	4,057	0	4,057	0	34.00
35.00	Total cost to be allocated	0	223,544	0	52,926	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	55.100813	0.000000	13.045600	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2011
To 09/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice I					
		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	8,425	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	4,262	0	0	0	0	4.00
5.00	Nursing Care	35,559	0	13	0	0	5.00
6.00	Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	6,263	0	0	0	0	10.00
11.00	Spiritual Counseling	3,062	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	140	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	292,244	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	72,428	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	2,001	0	0	0	0	30.00
31.00	Volunteer Program Costs	2,001	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	61,713	0	13	72,428	292,244	34.00
35.00	Total cost to be allocated	20,042	0	107,563	15,228	407,687	35.00
36.00	Unit Cost Multiplier (see instructions)	0.324761	0.000000	8,274.076923	0.210250	1.395023	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2011
To 09/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice I					
		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
1.00	Administrative and General	1,194,419	923	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	604,302	467	0	0		4.00
5.00	Nursing Care	5,041,525	3,895	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	888,012	686	0	0		10.00
11.00	Spiritual Counseling	434,076	335	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	19,860	15	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	283,710	219	0	0		30.00
31.00	Volunteer Program Costs	283,710	219	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,749,614	6,759	0	0		34.00
35.00	Total cost to be allocated	25,724	911,920	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.002940	134.919367	0.000000	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2011
To 09/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description	Hospice I					
	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home 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/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2011
To 09/30/2012

Part III
Date/Time Prepared:
2/19/2013 9:36 am

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.420420	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.347925	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.291036	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.405919	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.185098	0	0 6.00
6.01	VASCULAR LAB	60.01	0.122473	0	0 6.01
7.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0.282701	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.168386	0	0 9.00
10.00	BLANK	76.00	0.000000	0	0 10.00
10.97	CARDIAC REHABILITATION	76.97	0.690627	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140010

Period: From 10/01/2011

Worksheet K-6

Hospice CCN: 141522

To 09/30/2012

Date/Time Prepared: 2/19/2013 9:36 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				8,365,245	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				27,479	2.00
3.00	Average cost per diem (line 1 divided by line 2)				304.42	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	23,266				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	7,082,636				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,106			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		336,689			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,107		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			945,833		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140010	Period: From 10/01/2011 To 09/30/2012	Worksheet L Parts I-III Date/Time Prepared: 2/19/2013 9:36 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,580,913	1.00
2.00	Capital DRG outlier payments		867,112	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		379.53	3.00
4.00	Number of interns & residents (see instructions)		149.85	4.00
5.00	Indirect medical education percentage (see instructions)		11.79	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		1,129,590	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.14	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		12.41	8.00
9.00	Sum of lines 7 and 8		14.55	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.99	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		286,469	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		11,864,084	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