

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: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/25/2012 3:23 pm
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PART I - COST REPORT STATUS

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

Date: 11/25/2012 Time: 3:23 pm

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COPLEY MEMORIAL HOSPITAL for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 11/25/2012 Time: 3:23 pm
 elLftxYsyphdl9PTJalUmVn7feF420
 bAE.109QPg9cJyXNNVrttgRU0SxaMk
 W:MF1WOMk40POtHh
 PI: Date: 11/25/2012 Time: 3:23 pm
 ub3rGpK3WpklFCN0oJQ2BZK4kVWhd1
 zB34m046eZM4zkVtS1qyK50YY.CfjV
 3saV66EVGe0wBG2P

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-277,710	258,371	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-22,379	-2	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-300,089	258,369	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029		Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 11/25/2012 3:22 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 60504		4.00 County: KANE				
1.00 Street: 2000 OGDEN AVENUE		2.00 City: AURORA								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COPLEY MEMORIAL HOSPITAL	140029	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COPLEY MEMORIAL HOSPITAL REHAB	14T029	16974	5	01/01/1991	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA						N	N	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FOHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2011	06/30/2012		20.00	
21.00	Type of Control (see instructions)					2		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					1		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,861	3,301	0	0	61	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	61	140	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	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscriber line 36 for number of periods in excess of one and enter subsequent dates.									36.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/25/2012 3:22 pm		
		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			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	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
		V			XIX	
		1.00			2.00	
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00			2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00

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		1.00	2.00	3.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	5,139,036	0	0	118.01
		1.00	2.00		
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.	N	N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	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:		141.00
142.00	Street:	PO Box:			142.00
143.00	City:	State:	Zip Code:		143.00
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/25/2012 3:22 pm
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		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					1.00		
Multi-campus							
165.00	Is this hospital part of a Multi-campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/25/2012 3:22 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/25/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/02/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

		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.	N		33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
				1.00
				2.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD	SCHEFKE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH-COPLEY		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)978-4909	RI CHARD. SCHEFKE@RUSHCOPLEY.COM	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)	Y	10/02/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		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.	DIRECTOR OF ACCT. & REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	156	57,096	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		156	57,096	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00		8.00
8.01 NICU	31.01	13	4,758	0.00		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	43.00					13.00
14.00 Total (see instructions)		191	69,906	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		209				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	13,854	5,770	35,330		1.00
2.00 HMO		1,298	1,601			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	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	13,854	5,770	35,330		7.00
8.00 INTENSIVE CARE UNIT	0	1,846	248	4,143		8.00
8.01 NICU	0	0	1,252	2,130		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	0		2,469	8,522		13.00
14.00 Total (see instructions)	0	15,700	9,739	50,125		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	2,190	146	3,647		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,042	6,289		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			883	2,062		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,532	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NICU						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)	13.25	1,294.56	0.00	0	3,532	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	2.00	18.47	0.00	0	180	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	15.25	1,313.03	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	3,555	11,848		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
8.01 NICU				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)	3,555	11,848		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	103	342		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	91,216,726	0	91,216,726	2,741,744.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	659,678	0	659,678	27,497.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		1,918,264	59,522	1,977,786	55,783.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract Labor (see instructions)		39,788	0	39,788	679.79 11.00
12.00	Contract management and administrative services		0	0	0	0.00 12.00
13.00	Contract Labor: Physician-Part A - Administrative		337,380	0	337,380	2,249.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00 15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		27,372,265	0	27,372,265	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		592,543	0	592,543	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A - Administrative		0	0	0	22.00
22.01	Physician Part A - Teaching		0	0	0	22.01
23.00	Physician Part B		0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		243,956	0	243,956	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	830,333	119,667	950,000	23,454.00 26.00
27.00	Administrative & General	5.00	17,112,390	-179,189	16,933,201	424,335.00 27.00
28.00	Administrative & General under contract (see inst.)		69,666	0	69,666	312.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	2,229,531	0	2,229,531	76,716.00 30.00
31.00	Laundry & Linen Service	8.00	81,058	0	81,058	5,617.00 31.00
32.00	Housekeeping	9.00	1,178,050	0	1,178,050	81,927.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,173,302	-753,025	420,277	26,971.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	753,025	753,025	48,325.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	2,279,017	0	2,279,017	46,221.00 38.00
39.00	Central Services and Supply	14.00	412,291	0	412,291	21,702.00 39.00
40.00	Pharmacy	15.00	1,901,868	0	1,901,868	51,650.00 40.00
41.00	Medical Records & Medical Records Library	16.00	87,927	0	87,927	2,494.00 41.00
42.00	Social Service	17.00	151,732	0	151,732	4,176.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	33.27	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	23.99	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	35.45	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	58.53	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	150.01	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	40.50	26.00
27.00	Administrative & General	39.91	27.00
28.00	Administrative & General under contract (see inst.)	223.29	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	29.06	30.00
31.00	Laundry & Linen Service	14.43	31.00
32.00	Housekeeping	14.38	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.58	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	15.58	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	49.31	38.00
39.00	Central Services and Supply	19.00	39.00
40.00	Pharmacy	36.82	40.00
41.00	Medical Records & Medical Records Library	35.26	41.00
42.00	Social Service	36.33	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2012 3:22 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	90,626,714	0	90,626,714	2,714,559.00	1.00
2.00	Excluded area salaries (see instructions)	1,918,264	59,522	1,977,786	55,783.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	88,708,450	-59,522	88,648,928	2,658,776.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	377,168	0	377,168	2,928.79	4.00
5.00	Subtotal wage-related costs (see inst.)	27,372,265	0	27,372,265	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	116,457,883	-59,522	116,398,361	2,661,704.79	6.00
7.00	Total overhead cost (see instructions)	27,507,165	-59,522	27,447,643	813,900.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2012 3:22 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	33.39	1.00
2.00	Excluded area salaries (see instructions)	35.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33.34	3.00
4.00	Subtotal other wages & related costs (see inst.)	128.78	4.00
5.00	Subtotal wage-related costs (see inst.)	30.88	5.00
6.00	Total (sum of lines 3 thru 5)	43.73	6.00
7.00	Total overhead cost (see instructions)	33.72	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2012 3:22 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,041,238	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		130,276	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		13,447,740	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		411,131	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		108,362	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)		271,752	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,637,999	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		7,020,469	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		89,470	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		213,828	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,372,265	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
11/25/2012 3:22 pm

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	39,788	0	1.00
2.00	Hospital	39,788	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/25/2012 3:22 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.171330		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		30,962,207		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		220,837,754		6.00
7.00	Medicaid cost (line 1 times line 6)		37,836,132		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)		6,873,925		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)		6,873,925		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	37,662,735	4,722,608	42,385,343	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,452,756	809,124	7,261,880	21.00
22.00	Partial payment by patients approved for charity care	66,219	336,404	402,623	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,386,537	472,720	6,859,257	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,951,389		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		932,866		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		21,018,523		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,601,104		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,460,361		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,334,286		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		6,292,881		6,292,881	5,753,176	12,046,057	1.00
1.01	00101	POB NEW CRC		0		0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	11,647,345	11,647,345	2.00
4.00	00400	EMPLOYEE BENEFITS	830,333	11,343,927	12,174,260	17,483,854	-366,957	29,658,114	4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	2,186,489	23,518,323	25,704,812	47,439,623	-7,333,972	25,337,855	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,925,901	32,513,722	47,439,623	47,439,623	-7,333,972	40,105,651	5.06
7.00	00700	OPERATION OF PLANT	2,229,531	4,096,743	6,326,274	912,005	-733,747	5,592,527	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81,058	830,947	912,005	912,005	-13,716	898,289	8.00
9.00	00900	HOUSEKEEPING	1,178,050	1,286,539	2,464,589	2,464,589	-197,436	2,267,153	9.00
10.00	01000	DIETARY	1,173,302	1,662,721	2,836,023	2,836,023	-1,908,602	927,421	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,661,693	1,661,693	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,279,017	557,400	2,836,417	2,836,417	-516,726	2,319,691	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	412,291	692,265	1,104,556	1,104,556	-123,179	981,377	14.00
15.00	01500	PHARMACY	1,901,868	13,099,302	15,001,170	15,001,170	-1,469,599	13,531,571	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	87,927	2,628,333	2,716,260	2,716,260	-29,769	2,686,491	16.00
17.00	01700	SOCIAL SERVICE	151,732	100,394	252,126	252,126	-24,277	227,849	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	659,678	106,669	766,347	766,347	-105,548	660,799	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	773,003	405,593	1,178,596	1,178,596	-127,805	1,050,791	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	16,257,841	4,087,222	20,345,063	20,345,063	-3,559,318	16,785,745	30.00
31.00	03100	INTENSIVE CARE UNIT	3,177,071	916,213	4,093,284	4,093,284	-758,208	3,335,076	31.00
31.01	03101	NICU	3,034,725	928,628	3,963,353	3,963,353	-640,701	3,322,652	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,312,547	384,033	1,696,580	1,696,580	-228,948	1,467,632	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,583,573	16,685,889	20,269,462	20,269,462	-10,681,261	9,588,201	50.00
50.01	05001	SAME DAY SURGERY	1,282,477	427,882	1,710,359	1,710,359	-247,445	1,462,914	50.01
50.02	05002	G. I. LAB	802,235	1,348,723	2,150,958	2,150,958	-312,922	1,838,036	50.02
51.00	05100	RECOVERY ROOM	658,883	168,977	827,860	827,860	-134,582	693,278	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,385,776	2,293,159	6,678,935	6,678,935	-804,744	5,874,191	52.00
53.00	05300	ANESTHESIOLOGY	93,599	819,848	913,447	913,447	-97,081	816,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,101,022	5,318,315	10,419,337	10,419,337	-1,944,106	8,475,231	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,196,121	1,479,488	2,675,609	2,675,609	-557,687	2,117,922	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,720,000	5,750,785	8,470,785	8,470,785	-540,137	7,930,648	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,668,250	1,057,629	2,725,879	2,725,879	-365,250	2,360,629	65.00
69.00	06900	ELECTROCARDIOLOGY	1,672,022	964,468	2,636,490	2,636,490	-589,144	2,047,346	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	705,905	705,905	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,160,849	11,160,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	795,946	795,946	795,946	0	795,946	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	204,763	194,898	399,661	399,661	909,268	1,308,929	75.01
75.02	07502	HEART SURGERY	258,009	773,919	1,031,928	1,031,928	-1,031,928	0	75.02
75.03	07503	REHAB SERVICES	2,376,168	638,756	3,014,924	3,014,924	-403,388	2,611,536	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,741,522	6,572,860	8,314,382	8,314,382	-2,569,527	5,744,855	75.05
75.06	07506	YORKVILLE	2,430,642	3,152,244	5,582,886	5,582,886	-1,297,653	4,285,233	75.06
76.00	03020	DIABETIC CENTER	217,287	97,056	314,343	314,343	-34,766	279,577	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,685,614	935,807	2,621,421	2,621,421	-318,071	2,303,350	90.00
91.00	09100	EMERGENCY	5,880,682	2,971,615	8,852,297	8,852,297	-1,148,632	7,703,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/25/2012 3:22 pm

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	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		7,191,470	7,191,470	-7,191,470	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	90,611,009	165,091,589	255,702,598	913,788	256,616,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	139,249	139,249	-300	138,949	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	442,672	512,584	955,256	-79,213	876,043	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	163,045	766,365	929,410	-834,275	95,135	194.04
200.00		TOTAL (SUM OF LINES 118-199)	91,216,726	166,509,787	257,726,513	0	257,726,513	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-3,173,453	8,872,604	1.00
1.01	00101 POB NEW CRC	0	0	1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-29,032	11,618,313	2.00
4.00	00400 EMPLOYEE BENEFITS	-114,256	29,543,858	4.00
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE	-21,970,720	3,367,135	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	-7,544,087	32,561,564	5.06
7.00	00700 OPERATION OF PLANT	-220,100	5,372,427	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	898,289	8.00
9.00	00900 HOUSEKEEPING	0	2,267,153	9.00
10.00	01000 DIETARY	0	927,421	10.00
11.00	01100 CAFETERIA	-119,963	1,541,730	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	-4,156	2,315,535	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	981,377	14.00
15.00	01500 PHARMACY	-451	13,531,120	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-8,766	2,677,725	16.00
17.00	01700 SOCIAL SERVICE	-4,317	223,532	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 SERVICES-SALARY & FRINGES APPRVD	0	660,799	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-23,349	1,027,442	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-208,190	16,577,555	30.00
31.00	03100 INTENSIVE CARE UNIT	-52,437	3,282,639	31.00
31.01	03101 NICU	-180,759	3,141,893	31.01
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	-105,555	1,362,077	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-196,411	9,391,790	50.00
50.01	05001 SAME DAY SURGERY	-450	1,462,464	50.01
50.02	05002 G. I. LAB	-11,878	1,826,158	50.02
51.00	05100 RECOVERY ROOM	0	693,278	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-1,025,616	4,848,575	52.00
53.00	05300 ANESTHESIOLOGY	-17,453	798,913	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-6,091	8,469,140	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-85,446	2,032,476	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	-93,682	7,836,966	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	2,360,629	65.00
69.00	06900 ELECTROCARDIOLOGY	0	2,047,346	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	705,905	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,160,849	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	795,946	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	-38,685	1,270,244	75.01
75.02	07502 HEART SURGERY	0	0	75.02
75.03	07503 REHAB SERVICES	-79,661	2,531,875	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	5,744,855	75.05
75.06	07506 YORKVILLE	-230,108	4,055,125	75.06
76.00	03020 DIABETIC CENTER	-677	278,900	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-6,338	2,297,012	90.00
91.00	09100 EMERGENCY	-556,807	7,146,858	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-36,108,894	220,507,492	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	138,949	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	-105,405	770,638	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	95,135	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-36,214,299	221,512,214	200.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6

Date/Time Prepared:
11/25/2012 3:22 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,753,176	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,438,294	2.00
	TOTALS		0	7,191,470	
B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	705,905	1.00
	TOTALS		0	705,905	
C - WORKMENS COMP INS					
1.00	EMPLOYEE BENEFITS	4.00	119,667	1,707,234	1.00
	TOTALS		119,667	1,707,234	
D - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	753,025	908,668	1.00
	TOTALS		753,025	908,668	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	15,793,010	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
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	15,793,010	
F - DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	561,093	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,209,051	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	10,770,144		
H - ADVERTISING						
1.00	OTHER NON REIMBURSABLE	194.04	59,522	245,031		1.00
	TOTALS		59,522	245,031		
I - HEART SURGERY						
1.00	CARDIAC REHAB	75.01	258,009	692,684		1.00
	TOTALS		258,009	692,684		
J - IMPLANTABLE DEVICES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,160,849		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		0	11,160,849		
500.00	Grand Total: Increases		1,190,223	49,174,995		500.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/25/2012 3:22 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	7,191,470	11		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	7,191,470			
B - MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	705,905	0		1.00
	TOTALS		0	705,905			
C - WORKMENS COMP INS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	119,667	1,707,234	0		1.00
	TOTALS		119,667	1,707,234			
D - CAFETERIA COSTS							
1.00	DIETARY	10.00	753,025	908,668	0		1.00
	TOTALS		753,025	908,668			
E - EMPLOYEE BENEFITS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	363,802	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,081,161	0		2.00
3.00	OPERATION OF PLANT	7.00	0	356,725	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	12,969	0		4.00
5.00	HOUSEKEEPING	9.00	0	188,456	0		5.00
6.00	DIETARY	10.00	0	187,728	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	364,643	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	65,967	0		8.00
9.00	PHARMACY	15.00	0	304,299	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,068	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	105,548	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	123,680	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	2,601,274	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	508,331	0		14.00
15.00	NICU	31.01	0	485,556	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	210,008	0		16.00
17.00	OPERATING ROOM	50.00	0	573,372	0		17.00
18.00	SAME DAY SURGERY	50.01	0	205,196	0		18.00
19.00	G. I. LAB	50.02	0	128,358	0		19.00
20.00	RECOVERY ROOM	51.00	0	105,421	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	701,705	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	816,162	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	312,949	0		23.00
24.00	LABORATORY	60.00	0	435,200	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	266,920	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	519,118	0		26.00
27.00	CARDIAC REHAB	75.01	0	32,762	0		27.00
28.00	HEART SURGERY	75.02	0	58,563	0		28.00
29.00	REHAB SERVICES	75.03	0	380,186	0		29.00
30.00	VASCULAR SERVICES	75.05	0	278,643	0		30.00
31.00	CLINIC	90.00	0	259,170	0		31.00
32.00	EMERGENCY	91.00	0	940,909	0		32.00
33.00	YORKVILLE	75.06	0	388,901	0		33.00
34.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	70,828	0		34.00
35.00	OTHER NON REIMBURSABLE	194.04	0	1,137,560	0		35.00
36.00	ANESTHESIOLOGY	53.00	0	14,976	0		36.00
37.00	DIABETIC CENTER	76.00	0	34,766	0		37.00
38.00	SOCIAL SERVICE	17.00	0	24,277	0		38.00
39.00	EMPLOYEE BENEFITS	4.00	0	132,853	0		39.00
	TOTALS		0	15,793,010			
F - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	3,204	9		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,155	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,415,452	0		3.00
4.00	OPERATION OF PLANT	7.00	0	377,022	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	747	0		5.00
6.00	HOUSEKEEPING	9.00	0	8,980	0		6.00
7.00	DIETARY	10.00	0	59,181	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	152,083	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	57,212	0		9.00
10.00	PHARMACY	15.00	0	1,068,070	0		10.00

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/25/2012 3:22 pm

		Decreases			Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,701	0	11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	4,125	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	958,044	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	249,877	0	14.00
15.00	NICU	31.01	0	155,145	0	15.00
16.00	SUBPROVIDER - IRF	41.00	0	18,940	0	16.00
17.00	OPERATING ROOM	50.00	0	813,305	0	17.00
18.00	SAME DAY SURGERY	50.01	0	42,249	0	18.00
19.00	G. I. LAB	50.02	0	180,865	0	19.00
20.00	RECOVERY ROOM	51.00	0	29,161	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	99,739	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	82,105	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,127,944	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	244,738	0	24.00
25.00	LABORATORY	60.00	0	104,937	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	98,330	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	70,026	0	27.00
28.00	CARDIAC REHAB	75.01	0	8,663	0	28.00
29.00	HEART SURGERY	75.02	0	22,672	0	29.00
30.00	REHAB SERVICES	75.03	0	23,202	0	30.00
31.00	VASCULAR SERVICES	75.05	0	529,191	0	31.00
32.00	CLINIC	90.00	0	58,901	0	32.00
33.00	EMERGENCY	91.00	0	207,723	0	33.00
34.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	8,385	0	34.00
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	300	0	35.00
36.00	YORKVILLE	75.06	0	908,409	0	36.00
37.00	OTHER NON REIMBURSABLE	194.04	0	1,268	0	37.00
38.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	561,093	9	38.00
TOTALS			0	10,770,144		
H - ADVERTISING						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	59,522	245,031	0	1.00
TOTALS			59,522	245,031		
I - HEART SURGERY						
1.00	HEART SURGERY	75.02	258,009	692,684	0	1.00
TOTALS			258,009	692,684		
J - IMPLANTABLE DEVICES RECLASS						
1.00	PHARMACY	15.00	0	97,230	0	1.00
2.00	OPERATING ROOM	50.00	0	9,294,584	0	2.00
3.00	G. I. LAB	50.02	0	3,699	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,300	0	4.00
5.00	VASCULAR SERVICES	75.05	0	1,761,693	0	5.00
6.00	YORKVILLE	75.06	0	343	0	6.00
TOTALS			0	11,160,849		
500.00	Grand Total: Decreases		1,190,223	49,174,995		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/25/2012 3:22 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,441,298	0	0	0	1.00
2.00	Land Improvements	13,470,655	837,364	0	837,364	2.00
3.00	Buildings and Fixtures	112,651,326	3,285,214	0	3,285,214	3.00
4.00	Building Improvements	3,091,641	0	0	90,491	4.00
5.00	Fixed Equipment	67,465,179	5,193,815	0	5,193,815	5.00
6.00	Movable Equipment	100,721,519	7,694,025	0	7,694,025	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	299,841,618	17,010,418	0	17,010,418	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	299,841,618	17,010,418	0	17,010,418	90,491
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,292,881	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,292,881	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	NEW CAP REL COSTS-BLDG & FIXT	205,344,852	0	205,344,852	0.654464	1.00
1.01	POB NEW CRC	0	0	0	0.000000	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	108,415,544	0	108,415,544	0.345536	2.00
3.00	Total (sum of lines 1-2)	313,760,396	0	313,760,396	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/25/2012 3:22 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,441,298	0		1.00		
2.00	Land Improvements	14,308,019	0		2.00		
3.00	Buildings and Fixtures	115,936,540	0		3.00		
4.00	Building Improvements	3,001,150	0		4.00		
5.00	Fixed Equipment	72,658,994	0		5.00		
6.00	Movable Equipment	108,415,544	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	316,761,545	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	316,761,545	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,292,881		1.00		
1.01	POB NEW CRC	0	0		1.01		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	6,292,881		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,219,742	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,618,313	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,838,055	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,652,862	0	0	0	8,872,604	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,618,313	2.00
3.00	Total (sum of lines 1-2)	2,652,862	0	0	0	20,490,917	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - POB NEW CRC (chapter 2)			POB NEW CRC	1.01	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)	B	-3,081,981	NEW CAP REL COSTS-BLDG & FIXT	1.00	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	-148,132	OPERATION OF PLANT	7.00	7.00
8.00 Television and radio service (chapter 21)	A	-71,968	OPERATION OF PLANT	7.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,477,739			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	B	-111,335	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-8,766	MEDICAL RECORDS & LIBRARY	16.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	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	B	-8,628	CAFETERIA	11.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-73,139	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - POB NEW CRC		0	POB NEW CRC	1.01	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-27,490	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN 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	0	*** Cost Center Deleted ***	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00		0		0.00	33.00
33.01 MISC REV	B	-104,406	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.01
33.02 MISC REV	B	-22,277	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.02
33.03 MISC REV	B	-19,330	CASHIERING/ACCOUNTS RECEIVABLE	5.05	33.03
33.04 MISC REV	B	-11,878	G. I. LAB	50.02	33.04
33.05 MISC REV	B	-677	DIABETIC CENTER	76.00	33.05
33.06 MISC REV	B	-4,317	SOCIAL SERVICE	17.00	33.06
33.07		0		0.00	33.07
33.08		0		0.00	33.08
33.09 MISC REV	B	-17,441	LABORATORY	60.00	33.09
33.10 MISC REV	B	-23,349	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.10
33.11		0		0.00	33.11
34.00		0		0.00	34.00

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	
35.00 IDPA PROVIDER TAXES	A	-7,125,302	OTHER ADMINISTRATIVE AND GENERAL	5.06	35.00
36.00		0		0.00	36.00
37.00 PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE EQUIP	2.00	37.00
38.02 MISC REVENUE	B	-579	OTHER ADMINISTRATIVE AND GENERAL	5.06	38.02
38.07 MISC REVENUE	B	-4,156	NURSING ADMINISTRATION	13.00	38.07
38.15 PHYSICIAN COMPENSATION	A	-105,405	OTHER NONREIMBURSABLE COST CENTERS	194.00	38.15
39.00 BAD DEBTS	A	-21,951,390	CASHIERING/ACCOUNTS RECEIVABLE	5.05	39.00
41.00 MISC REV	B	-1,180	NICU	31.01	41.00
43.00 MISC REV	B	-176,990	ADULTS & PEDIATRICS	30.00	43.00
45.01 MISC REV	B	-6,091	RADIOLOGY-DIAGNOSTIC	54.00	45.01
45.02 MISC REV	B	-74,999	RADIOLOGY-THERAPEUTIC	55.00	45.02
45.03		0		0.00	45.03
45.04 MISC REV	B	-42,036	EMERGENCY	91.00	45.04
45.05		0		0.00	45.05
45.07 MISC REV	B	-451	PHARMACY	15.00	45.07
45.09 MISC REV	B	-6,338	CLINIC	90.00	45.09
45.10 MISC REV	B	-764	OPERATING ROOM	50.00	45.10
45.11 MISC REV	B	-24,256	EMPLOYEE BENEFITS	4.00	45.11
45.12		0		0.00	45.12
45.13 MISC REV	B	-450	SAME DAY SURGERY	50.01	45.13
45.14 MISC REV	B	-79,661	REHAB SERVICES	75.03	45.14
45.26 AHA/IHA LOBBYING FEES	A	-34,525	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.26
45.27 MEMBERSHIP DUES	A	-121,559	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.27
45.31 PHYSICIAN REFERRAL	A	-74,394	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.31
45.32 AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.32
45.33 UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS	4.00	45.33
45.34 OTHER N/A COSTS	A	-61,045	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.34
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,214,299			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - POB NEW CRC (chapter 2)	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	9	26.00
26.01	Depreciation - POB NEW CRC	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	9	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
33.01	MISC REV	0	33.01
33.02	MISC REV	0	33.02
33.03	MISC REV	0	33.03
33.04	MISC REV	0	33.04
33.05	MISC REV	0	33.05
33.06	MISC REV	0	33.06
33.07		0	33.07
33.08		0	33.08
33.09	MISC REV	0	33.09
33.10	MISC REV	0	33.10
33.11		0	33.11
34.00		0	34.00
35.00	IDPA PROVIDER TAXES	0	35.00
36.00		0	36.00
37.00	PATIENT TELEPHONE	9	37.00
38.02	MISC REVENUE	0	38.02
38.07	MISC REVENUE	0	38.07
38.15	PHYSICIAN COMPENSATION	0	38.15
39.00	BAD DEBTS	0	39.00
41.00	MISC REV	0	41.00
43.00	MISC REV	0	43.00
45.01	MISC REV	0	45.01
45.02	MISC REV	0	45.02
45.03		0	45.03
45.04	MISC REV	0	45.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.05		0	45.05
45.07	MISC REV	0	45.07
45.09	MISC REV	0	45.09
45.10	MISC REV	0	45.10
45.11	MISC REV	0	45.11
45.12		0	45.12
45.13	MISC REV	0	45.13
45.14	MISC REV	0	45.14
45.26	AHA/IHA LOBBYING FEES	0	45.26
45.27	MEMBERSHIP DUES	0	45.27
45.31	PHYSICIAN REFERRAL	0	45.31
45.32	AMORTZ OF ARCHITECT FEE REFUND	11	45.32
45.33	UNFUNDED DEFERRED COMP	0	45.33
45.34	OTHER N/A COSTS	0	45.34
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: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/25/2012 3:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	31.00	INTENSIVE CARE UNIT	76,206	34,356	1.00
2.00	31.01	NICU	208,118	157,868	2.00
3.00	41.00	SUBPROVIDER - IRF	105,555	105,555	3.00
4.00	50.00	OPERATING ROOM	211,047	187,917	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,060,545	999,045	5.00
6.00	53.00	ANESTHESIOLOGY	48,750	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	32,544	1,944	7.00
8.00	60.00	LABORATORY	76,241	76,241	8.00
9.00	75.01	CARDIAC REHAB	71,910	13,410	9.00
10.00	75.05	VASCULAR SERVICES	0	0	10.00
11.00	75.06	YORKVILLE	233,686	227,386	11.00
12.00	90.00	CLINIC	0	0	12.00
13.00	91.00	EMERGENCY	524,142	507,642	13.00
14.00	30.00	ADULTS & PEDIATRICS	31,200	31,200	14.00
200.00			2,679,944	2,342,564	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/25/2012 3:22 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	41,850	177,200	279	23,769	1,188	1.00
2.00	50,250	177,200	335	28,539	1,427	2.00
3.00	0	0	0	0	0	3.00
4.00	23,130	208,000	154	15,400	770	4.00
5.00	61,500	177,200	410	34,929	1,746	5.00
6.00	48,750	200,300	325	31,297	1,565	6.00
7.00	30,600	225,300	204	22,097	1,105	7.00
8.00	0	0	0	0	0	8.00
9.00	58,500	177,200	390	33,225	1,661	9.00
10.00	0	0	0	0	0	10.00
11.00	6,300	177,200	42	3,578	179	11.00
12.00	0	0	0	0	0	12.00
13.00	16,500	177,200	110	9,371	469	13.00
14.00	0	0	0	0	0	14.00
200.00	337,380		2,249	202,205	10,110	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/25/2012 3:22 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	23,769	1.00
2.00	0	0	0	0	28,539	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	15,400	4.00
5.00	0	0	0	0	34,929	5.00
6.00	0	0	0	0	31,297	6.00
7.00	0	0	0	0	22,097	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	33,225	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	3,578	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	9,371	13.00
14.00	0	0	0	0	0	14.00
200.00	0	0	0	0	202,205	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/25/2012 3:22 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	18,081	52,437	1.00
2.00	21,711	179,579	2.00
3.00	0	105,555	3.00
4.00	7,730	195,647	4.00
5.00	26,571	1,025,616	5.00
6.00	17,453	17,453	6.00
7.00	8,503	10,447	7.00
8.00	0	76,241	8.00
9.00	25,275	38,685	9.00
10.00	0	0	10.00
11.00	2,722	230,108	11.00
12.00	0	0	12.00
13.00	7,129	514,771	13.00
14.00	0	31,200	14.00
200.00	135,175	2,477,739	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP	
	0	1.00	1.01	2.00	4.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	8,872,604	8,872,604			
1.01 00101 POB NEW CRC	0	0	0		
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	11,618,313			11,618,313	
4.00 00400 EMPLOYEE BENEFITS	29,543,858	92,026	0	3,646	29,639,530
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	3,367,135	0	0	3,591	717,945
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	32,561,564	1,967,174	0	2,748,887	4,842,157
7.00 00700 OPERATION OF PLANT	5,372,427	866,954	0	429,066	732,078
8.00 00800 LAUNDRY & LINEN SERVICE	898,289	0	0	850	26,616
9.00 00900 HOUSEKEEPING	2,267,153	84,636	0	10,220	386,819
10.00 01000 DIETARY	927,421	156,126	0	67,350	138,000
11.00 01100 CAFETERIA	1,541,730	151,200	0	0	247,260
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300 NURSING ADMINISTRATION	2,315,535	0	0	173,077	748,327
14.00 01400 CENTRAL SERVICES & SUPPLY	981,377	242,155	0	65,110	135,378
15.00 01500 PHARMACY	13,531,120	46,214	0	1,215,506	624,488
16.00 01600 MEDICAL RECORDS & LIBRARY	2,677,725	82,093	0	17,868	28,871
17.00 01700 SOCIAL SERVICE	223,532	0	0	0	49,822
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 SERVICES-SALARY & FRINGES APPRVD	660,799	0	0	0	216,609
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,027,442	0	0	4,694	253,819
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	16,577,555	2,099,150	0	1,090,292	5,338,340
31.00 03100 INTENSIVE CARE UNIT	3,282,639	376,352	0	284,370	1,043,207
31.01 03101 NICU	3,141,893	42,626	0	176,561	996,467
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100 SUBPROVIDER - I RF	1,362,077	105,762	0	21,554	430,981
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	9,391,790	207,481	0	925,574	1,176,684
50.01 05001 SAME DAY SURGERY	1,462,464	186,168	0	48,081	421,108
50.02 05002 G. I. LAB	1,826,158	18,207	0	205,832	263,418
51.00 05100 RECOVERY ROOM	693,278	48,035	0	33,186	216,348
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,848,575	195,566	0	113,507	1,440,091
53.00 05300 ANESTHESIOLOGY	798,913	13,896	0	93,439	30,734
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,469,140	593,017	0	1,283,645	1,674,946
55.00 05500 RADIOLOGY-THERAPEUTIC	2,032,476	410,758	0	278,522	392,752
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	7,836,966	179,126	0	119,423	893,126
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	2,360,629	35,825	0	111,903	547,778
69.00 06900 ELECTROCARDIOLOGY	2,047,346	102,281	0	79,692	549,017
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	705,905	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11,160,849	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400 RENAL DIALYSIS	795,946	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501 CARDIAC REHAB	1,270,244	66,215	0	35,660	151,954
75.02 07502 HEART SURGERY	0	0	0	0	0
75.03 07503 REHAB SERVICES	2,531,875	67,688	0	26,405	780,227
75.04 07504 CV SURGERY	0	0	0	0	0
75.05 07505 VASCULAR SERVICES	5,744,855	0	0	602,241	571,837
75.06 07506 YORKVILLE	4,055,125	0	0	1,033,806	798,113
76.00 03020 DIABETIC CENTER	278,900	0	0	0	71,347
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	2,297,012	0	0	67,032	553,480
91.00 09100 EMERGENCY	7,146,858	406,929	0	236,397	1,930,951
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
101.00 10100 HOME HEALTH AGENCY	0	1.00	1.01	2.00	4.00	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	220,507,492	8,843,660	0	11,606,987	29,421,095	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	138,949	5,864	0	341	0	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	770,638	23,080	0	9,542	145,354	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	0 194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	0 194.02
194.03 07952 HHA HME	0	0	0	0	0	0 194.03
194.04 07953 OTHER NON REIMBURSABLE	95,135	0	0	1,443	73,081	194.04
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)	221,512,214	8,872,604	0	11,618,313	29,639,530	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period: From 07/01/2011 To 06/30/2012

Worksheet B Part I Date/Time Prepared: 11/25/2012 3:22 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	4,088,671					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	42,119,782	42,119,782			5.06
7.00	00700	OPERATION OF PLANT	0	7,400,525	1,737,577	9,138,102		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	925,755	217,359	0	1,143,114	8.00
9.00	00900	HOUSEKEEPING	0	2,748,828	645,400	130,063	0	9.00
10.00	01000	DIETARY	0	1,288,897	302,621	239,924	0	10.00
11.00	01100	CAFETERIA	0	1,940,190	455,539	232,353	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,236,939	760,004	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,424,020	334,347	372,127	0	14.00
15.00	01500	PHARMACY	0	15,417,328	3,619,850	71,019	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,806,557	658,954	126,155	0	16.00
17.00	01700	SOCIAL SERVICE	0	273,354	64,181	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 SERVICES-SALARY & FRINGES APPRVD	0	877,408	206,008	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,285,955	301,931	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	192,925	25,298,262	5,939,857	3,225,829	479,185	30.00
31.00	03100	INTENSIVE CARE UNIT	36,043	5,022,611	1,179,264	578,353	44,097	31.00
31.01	03101	NICU	72,758	4,430,305	1,040,196	65,505	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	11,774	1,932,148	453,651	162,528	74,694	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	487,564	12,189,093	2,861,889	318,843	140,620	50.00
50.01	05001	SAME DAY SURGERY	40,138	2,157,959	506,669	286,090	55,617	50.01
50.02	05002	G. I. LAB	58,757	2,372,372	557,012	27,979	0	50.02
51.00	05100	RECOVERY ROOM	41,465	1,032,312	242,378	73,816	40,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	123,695	6,721,434	1,578,132	300,533	0	52.00
53.00	05300	ANESTHESIOLOGY	57,314	994,296	233,452	21,355	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	617,945	12,638,693	2,967,451	911,308	41,755	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	108,838	3,223,346	756,813	631,226	44,507	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	445,031	9,473,672	2,224,333	275,269	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	103,162	3,159,297	741,775	55,054	0	65.00
69.00	06900	ELECTROCARDIOLOGY	131,682	2,910,018	683,246	157,179	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	122,052	827,957	194,397	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,114	11,248,963	2,641,155	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	461,236	461,236	108,294	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,098	810,044	190,191	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	8,680	1,532,753	359,877	101,755	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	103,940	3,510,135	824,148	104,018	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	175,290	7,094,223	1,665,660	0	0	75.05
75.06	07506	YORKVILLE	74,764	5,961,808	1,399,779	0	0	75.06
76.00	03020	DIABETIC CENTER	1,508	351,755	82,589	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	38,660	2,956,184	694,085	0	0	90.00
91.00	09100	EMERGENCY	471,238	10,192,373	2,393,077	625,342	222,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5A.05	5.06	7.00	8.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		4,088,671	220,248,787	41,823,141	9,093,623	1,143,114	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	145,154	34,081	9,011	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07954	0	948,614	222,726	35,468	0	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	169,659	39,834	0	0	194.04
200.00			0				200.00
201.00		0	0	0	0	0	201.00
202.00		4,088,671	221,512,214	42,119,782	9,138,102	1,143,114	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part I Date/Time Prepared: 11/25/2012 3:22 pm			
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	3,524,291				9.00
10.00	01000	DIETARY	93,868	1,925,310			10.00
11.00	01100	CAFETERIA	90,906	0	2,718,988		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	61,204	4,058,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	145,590	0	28,735	0	14.00
15.00	01500	PHARMACY	27,785	0	68,423	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,357	0	3,291	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,531	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 SERVICES-SALARY & FRINGES APPRVD	0	0	52,741	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,262,067	1,669,916	679,609	1,390,395	30.00
31.00	03100	INTENSIVE CARE UNIT	226,274	92,520	111,235	227,561	31.00
31.01	03101	NICU	25,628	0	108,000	220,968	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	63,587	162,874	51,082	104,497	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	124,744	0	134,301	274,734	50.00
50.01	05001	SAME DAY SURGERY	111,930	0	49,312	100,903	50.01
50.02	05002	G. I. LAB	10,947	0	31,639	64,743	50.02
51.00	05100	RECOVERY ROOM	28,880	0	21,462	43,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	117,580	0	167,074	0	52.00
53.00	05300	ANESTHESIOLOGY	8,355	0	5,753	11,790	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	356,539	0	190,970	390,666	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	246,960	0	41,319	84,699	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	107,696	0	134,356	274,858	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	21,539	0	67,980	0	65.00
69.00	06900	ELECTROCARDIOLOGY	61,494	0	142,543	291,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	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
75.01	07501	CARDIAC REHAB	39,810	0	12,860	26,334	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	40,696	0	83,800	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	58,411	0	75.05
75.06	07506	YORKVILLE	0	0	110,489	0	75.06
76.00	03020	DIABETIC CENTER	0	0	7,025	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	51,303	104,941	90.00
91.00	09100	EMERGENCY	244,658	0	217,797	445,562	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,506,890	1,925,310	2,698,245	0	4,058,147	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,525	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	13,876	0	20,743	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,524,291	1,925,310	2,718,988	0	4,058,147	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	2,304,819				14.00
15.00	01500	PHARMACY	19,903	19,224,308			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,644,314		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	343,066	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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,098	0	171,937	343,066	0
31.00	03100	INTENSIVE CARE UNIT	7,045	0	32,122	0	0
31.01	03101	NICU	1,110	0	64,843	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	83	0	10,493	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	982,440	0	434,524	0	0
50.01	05001	SAME DAY SURGERY	16,734	0	35,771	0	0
50.02	05002	G. I. LAB	89,303	0	52,365	0	0
51.00	05100	RECOVERY ROOM	4,076	0	36,954	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,841	0	110,239	0	0
53.00	05300	ANESTHESIOLOGY	59,501	0	51,079	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,152	0	551,152	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,949	0	96,998	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	5,331	0	396,618	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,222	0	91,940	0	0
69.00	06900	ELECTROCARDIOLOGY	19,744	0	117,357	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	108,775	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	78,529	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,224,308	411,061	0	0
74.00	07400	RENAL DIALYSIS	0	0	12,565	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	0	0	7,736	0	0
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	653	0	92,633	0	0
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	814,587	0	156,221	0	0
75.06	07506	YORKVILLE	17,523	0	66,630	0	0
76.00	03020	DIABETIC CENTER	0	0	1,344	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	5,664	0	34,454	0	0
91.00	09100	EMERGENCY	45,838	0	419,974	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		2,304,797	19,224,308	3,644,314	343,066	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07954	22	0	0	0	0	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,304,819	19,224,308	3,644,314	343,066	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 POB NEW CRC							1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL							5.06
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	0						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,136,157					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,587,886				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	614,932	859,422	0	41,938,575		30.00
31.00 03100 INTENSIVE CARE UNIT	0	29,282	40,925	0	7,591,289		31.00
31.01 03101 NICU	0	0	0	0	5,956,555		31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	0	169,838	237,364	0	3,422,839		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	46,852	65,480	0	17,573,520		50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	3,320,985		50.01
50.02 05002 G. I. LAB	0	17,569	24,555	0	3,248,484		50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	1,524,187		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	87,847	122,775	0	9,261,455		52.00
53.00 05300 ANESTHESIOLOGY	0	5,856	8,185	0	1,399,622		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	17,569	24,555	0	18,235,810		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5,129,817		55.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0	0	12,892,133		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	4,143,807		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	4,383,189		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,131,129		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,968,647		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	20,204,899		73.00
74.00 07400 RENAL DIALYSIS	0	5,856	8,185	0	1,026,841		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC REHAB	0	105,417	147,330	0	2,333,872		75.01
75.02 07502 HEART SURGERY	0	0	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0	0	4,656,083		75.03
75.04 07504 CV SURGERY	0	0	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	9,789,102		75.05
75.06 07506 YORKVILLE	0	0	0	0	7,556,229		75.06
76.00 03020 DIABETIC CENTER	0	0	0	0	442,713		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	3,846,631		90.00
91.00 09100 EMERGENCY	0	35,139	49,110	0	14,891,088		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0		109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00	22.00			
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,136,157	1,587,886	0	219,869,501	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	191,771	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,241,449	194.00
194.01 07950	ADVERTISING	0	0	0	0	0	194.01
194.02 07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952	HHA HME	0	0	0	0	0	194.03
194.04 07953	OTHER NON REIMBURSABLE	0	0	0	0	209,493	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,136,157	1,587,886	0	221,512,214	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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 SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,474,354	30.00
31.00	03100	INTENSIVE CARE UNIT	-70,207	31.00
31.01	03101	NICU	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	-407,202	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-112,332	50.00
50.01	05001	SAME DAY SURGERY	0	50.01
50.02	05002	G. I. LAB	-42,124	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-210,622	52.00
53.00	05300	ANESTHESIOLOGY	-14,041	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-42,124	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	-14,041	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	-252,747	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	0	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	0	75.05
75.06	07506	YORKVILLE	0	75.06
76.00	03020	DIABETIC CENTER	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	-84,249	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,724,043	217,145,458	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	191,771	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	1,241,449	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	209,493	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-2,724,043	218,788,171	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	92,026	0	3,646	95,672 4.00
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,591	3,591 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,967,174	0	2,748,887	4,716,061 5.06
7.00 00700	OPERATION OF PLANT	0	866,954	0	429,066	1,296,020 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	850	850 8.00
9.00 00900	HOUSEKEEPING	0	84,636	0	10,220	94,856 9.00
10.00 01000	DIETARY	0	156,126	0	67,350	223,476 10.00
11.00 01100	CAFETERIA	0	151,200	0	0	151,200 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	173,077	173,077 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	242,155	0	65,110	307,265 14.00
15.00 01500	PHARMACY	0	46,214	0	1,215,506	1,261,720 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	82,093	0	17,868	99,961 16.00
17.00 01700	SOCIAL SERVICE	0	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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,694	4,694 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,099,150	0	1,090,292	3,189,442 30.00
31.00 03100	INTENSIVE CARE UNIT	0	376,352	0	284,370	660,722 31.00
31.01 03101	NICU	0	42,626	0	176,561	219,187 31.01
40.00 04000	SUBPROVIDER - 1PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - 1RF	0	105,762	0	21,554	127,316 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	207,481	0	925,574	1,133,055 50.00
50.01 05001	SAME DAY SURGERY	0	186,168	0	48,081	234,249 50.01
50.02 05002	G. I. LAB	0	18,207	0	205,832	224,039 50.02
51.00 05100	RECOVERY ROOM	0	48,035	0	33,186	81,221 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	195,566	0	113,507	309,073 52.00
53.00 05300	ANESTHESIOLOGY	0	13,896	0	93,439	107,335 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	593,017	0	1,283,645	1,876,662 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	410,758	0	278,522	689,280 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	179,126	0	119,423	298,549 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	35,825	0	111,903	147,728 65.00
69.00 06900	ELECTROCARDIOLOGY	0	102,281	0	79,692	181,973 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	CARDIAC REHAB	0	66,215	0	35,660	101,875 75.01
75.02 07502	HEART SURGERY	0	0	0	0	0 75.02
75.03 07503	REHAB SERVICES	0	67,688	0	26,405	94,093 75.03
75.04 07504	CV SURGERY	0	0	0	0	0 75.04
75.05 07505	VASCULAR SERVICES	0	0	0	602,241	602,241 75.05
75.06 07506	YORKVILLE	0	0	0	1,033,806	1,033,806 75.06
76.00 03020	DIABETIC CENTER	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	67,032	67,032 90.00
91.00 09100	EMERGENCY	0	406,929	0	236,397	643,326 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		0	1.00	1.01		
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,843,660	0	11,606,987	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,864	0	341	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07954	OTHER NONREIMBURSABLE COST CENTERS	0	23,080	0	9,542	194.00
194.01 07950	ADVERTISING	0	0	0	0	194.01
194.02 07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03 07952	HHA HME	0	0	0	0	194.03
194.04 07953	OTHER NON REIMBURSABLE	0	0	0	1,443	194.04
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	8,872,604	0	11,618,313	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140029		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/25/2012 3:22 pm	
Cost Center Description			EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	95,672					4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	2,318	5,909				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	15,632	0	4,731,693			5.06
7.00	00700	OPERATION OF PLANT	2,363	0	195,196	1,493,579		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86	0	24,418	0	25,354	8.00
9.00	00900	HOUSEKEEPING	1,249	0	72,503	21,258	0	9.00
10.00	01000	DIETARY	445	0	33,996	39,214	0	10.00
11.00	01100	CAFETERIA	798	0	51,174	37,977	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,416	0	85,378	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	437	0	37,560	60,822	0	14.00
15.00	01500	PHARMACY	2,016	0	406,647	11,608	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	93	0	74,026	20,619	0	16.00
17.00	01700	SOCIAL SERVICE	161	0	7,210	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 SERVICES-SALARY & FRINGES APPRVD	699	0	23,143	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	819	0	33,918	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,224	306	667,302	527,250	10,627	30.00
31.00	03100	INTENSIVE CARE UNIT	3,368	57	132,476	94,529	978	31.00
31.01	03101	NICU	3,217	115	116,854	10,706	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,391	19	50,962	26,564	1,657	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,799	773	321,500	52,113	3,119	50.00
50.01	05001	SAME DAY SURGERY	1,359	64	56,918	46,760	1,234	50.01
50.02	05002	G. I. LAB	850	93	62,574	4,573	0	50.02
51.00	05100	RECOVERY ROOM	698	66	27,228	12,065	897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,649	196	177,285	49,121	0	52.00
53.00	05300	ANESTHESIOLOGY	99	91	26,226	3,490	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,407	404	333,358	148,949	926	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,268	173	85,019	103,171	987	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,883	706	249,878	44,991	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,768	164	83,330	8,998	0	65.00
69.00	06900	ELECTROCARDIOLOGY	1,772	209	76,755	25,690	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	194	21,838	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	140	296,703	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	731	12,166	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	22	21,366	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	491	14	40,428	16,631	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	2,519	165	92,583	17,001	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,846	278	187,117	0	0	75.05
75.06	07506	YORKVILLE	2,576	119	157,249	0	0	75.06
76.00	03020	DIABETIC CENTER	230	2	9,278	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,787	61	77,972	0	0	90.00
91.00	09100	EMERGENCY	6,234	747	268,834	102,209	4,929	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	5.05	5.06	7.00	8.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		94,967	5,909	4,698,368	1,486,309	25,354	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	3,829	1,473	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07954	469	0	25,021	5,797	0	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	236	0	4,475	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		95,672	5,909	4,731,693	1,493,579	25,354	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/25/2012 3:22 pm				
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	POB NEW CRC					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING	189,866				9.00	
10.00	01000	DIETARY	5,057	302,188			10.00	
11.00	01100	CAFETERIA	4,897	0	246,046		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	0	5,538	266,409	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	7,843	0	2,600	0	14.00	
15.00	01500	PHARMACY	1,497	0	6,192	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,659	0	298	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	501	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 SERVICES-SALARY & FRINGES APPRVD	0	0	4,773	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,992	262,102	61,498	0	91,278	30.00
31.00	03100	INTENSIVE CARE UNIT	12,190	14,522	10,066	0	14,939	31.00
31.01	03101	NICU	1,381	0	9,773	0	14,506	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,426	25,564	4,622	0	6,860	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,720	0	12,153	0	18,036	50.00
50.01	05001	SAME DAY SURGERY	6,030	0	4,462	0	6,624	50.01
50.02	05002	G. I. LAB	590	0	2,863	0	4,250	50.02
51.00	05100	RECOVERY ROOM	1,556	0	1,942	0	2,881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,334	0	15,119	0	0	52.00
53.00	05300	ANESTHESIOLOGY	450	0	521	0	774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,208	0	17,281	0	25,646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,305	0	3,739	0	5,560	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,802	0	12,158	0	18,044	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,160	0	6,152	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	3,313	0	12,899	0	19,143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	2,145	0	1,164	0	1,729	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	2,192	0	7,583	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	5,286	0	0	75.05
75.06	07506	YORKVILLE	0	0	9,998	0	0	75.06
76.00	03020	DIABETIC CENTER	0	0	636	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	4,643	0	6,889	90.00
91.00	09100	EMERGENCY	13,181	0	19,709	0	29,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	188,928	302,188	244,169	0	266,409	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	748	0	1,877	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
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)	189,866	302,188	246,046	0	266,409	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/25/2012 3:22 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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	416,527			14.00
15.00	01500	PHARMACY	3,597			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,693,277	197,656	16.00
17.00	01700	SOCIAL SERVICE	0	0	7,872	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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	741	0	9,301	7,872
31.00	03100	INTENSIVE CARE UNIT	1,273	0	1,738	0
31.01	03101	NICU	201	0	3,507	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	15	0	568	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	177,542	0	23,505	0
50.01	05001	SAME DAY SURGERY	3,024	0	1,935	0
50.02	05002	G. I. LAB	16,139	0	2,833	0
51.00	05100	RECOVERY ROOM	737	0	1,999	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,092	0	5,963	0
53.00	05300	ANESTHESIOLOGY	10,753	0	2,763	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,232	0	30,338	0
55.00	05500	RADIOLOGY-THERAPEUTIC	714	0	5,247	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	963	0	21,454	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,125	0	4,973	0
69.00	06900	ELECTROCARDIOLOGY	3,568	0	6,348	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,884	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,248	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,693,277	22,235	0
74.00	07400	RENAL DIALYSIS	0	0	680	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	CARDIAC REHAB	0	0	418	0
75.02	07502	HEART SURGERY	0	0	0	0
75.03	07503	REHAB SERVICES	118	0	5,011	0
75.04	07504	CV SURGERY	0	0	0	0
75.05	07505	VASCULAR SERVICES	147,214	0	8,450	0
75.06	07506	YORKVILLE	3,167	0	3,604	0
76.00	03020	DIABETIC CENTER	0	0	73	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	1,024	0	1,864	0
91.00	09100	EMERGENCY	8,284	0	22,717	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	416,523	1,693,277	197,656	7,872	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	4	0	0	0		194.00
194.01	07950	ADVERTISING	0	0	0	0		194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0		194.02
194.03	07952	HHA HME	0	0	0	0		194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0		194.04
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	416,527	1,693,277	197,656	7,872		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/25/2012 3:22 pm
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 POB NEW CRC						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		28,615				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			39,431			22.00
23.00 02300 PARAMED PRGM-(SPECFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS					4,912,935	30.00
31.00 03100 INTENSIVE CARE UNIT					946,858	31.00
31.01 03101 NICU					379,447	31.01
40.00 04000 SUBPROVIDER - I PF					0	40.00
41.00 04100 SUBPROVIDER - I RF					248,964	41.00
42.00 04200 SUBPROVIDER					0	42.00
43.00 04300 NURSERY					0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM					1,752,315	50.00
50.01 05001 SAME DAY SURGERY					362,659	50.01
50.02 05002 G. I. LAB					318,804	50.02
51.00 05100 RECOVERY ROOM					131,290	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					577,832	52.00
53.00 05300 ANESTHESIOLOGY					152,502	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					2,484,411	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					908,463	55.00
57.00 05700 CT SCAN					0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					0	58.00
59.00 05900 CARDIAC CATHETERIZATION					0	59.00
60.00 06000 LABORATORY					655,428	60.00
60.01 06001 BLOOD LABORATORY					0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
65.00 06500 RESPIRATORY THERAPY					255,398	65.00
69.00 06900 ELECTROCARDIOLOGY					331,670	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					27,916	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS					301,091	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					1,728,409	73.00
74.00 07400 RENAL DIALYSIS					22,068	74.00
75.00 07500 ASC (NON-DISTINCT PART)					0	75.00
75.01 07501 CARDIAC REHAB					164,895	75.01
75.02 07502 HEART SURGERY					0	75.02
75.03 07503 REHAB SERVICES					221,265	75.03
75.04 07504 CV SURGERY					0	75.04
75.05 07505 VASCULAR SERVICES					952,432	75.05
75.06 07506 YORKVILLE					1,210,519	75.06
76.00 03020 DIABETIC CENTER					10,219	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC					0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 09000 CLINIC					161,272	90.00
91.00 09100 EMERGENCY					1,119,420	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF					0	99.10
101.00 10100 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION					0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
110.00 11000 INTESTINAL ACQUISITION					0	110.00
111.00 11100 ISLET ACQUISITION					0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	20,338,482	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					11,697	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					0	192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS					66,538	194.00
194.01 07950 ADVERTISING					0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE					0	194.02
194.03 07952 HHA HME					0	194.03
194.04 07953 OTHER NON REIMBURSABLE					6,154	194.04
200.00 Cross Foot Adjustments	0	28,615	39,431	0	68,046	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	28,615	39,431	0	20,490,917	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/25/2012 3:22 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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 SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	4,912,935
31.00	03100	INTENSIVE CARE UNIT	0	946,858
31.01	03101	NICU	0	379,447
40.00	04000	SUBPROVIDER - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	248,964
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,752,315
50.01	05001	SAME DAY SURGERY	0	362,659
50.02	05002	G. I. LAB	0	318,804
51.00	05100	RECOVERY ROOM	0	131,290
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	577,832
53.00	05300	ANESTHESIOLOGY	0	152,502
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,484,411
55.00	05500	RADIOLOGY-THERAPEUTIC	0	908,463
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	655,428
60.01	06001	BLOOD LABORATORY	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0
65.00	06500	RESPIRATORY THERAPY	0	255,398
69.00	06900	ELECTROCARDIOLOGY	0	331,670
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,916
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	301,091
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,728,409
74.00	07400	RENAL DIALYSIS	0	22,068
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC REHAB	0	164,895
75.02	07502	HEART SURGERY	0	0
75.03	07503	REHAB SERVICES	0	221,265
75.04	07504	CV SURGERY	0	0
75.05	07505	VASCULAR SERVICES	0	952,432
75.06	07506	YORKVILLE	0	1,210,519
76.00	03020	DIABETIC CENTER	0	10,219
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	161,272
91.00	09100	EMERGENCY	0	1,119,420
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
101.00	10100	HOME HEALTH AGENCY	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,338,482	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,697	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	66,538	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	6,154	194.04
200.00		Cross Foot Adjustments	0	68,046	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	20,490,917	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	331,374					1.00
1.01 00101 POB NEW CRC	0	100,000				1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP			10,209,051			2.00
4.00 00400 EMPLOYEE BENEFITS	3,437	0	3,204	90,266,726		4.00
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,155	2,186,489	1,296,937,651	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	73,470	46,429	2,415,452	14,746,712	0	5.06
7.00 00700 OPERATION OF PLANT	32,379	0	377,022	2,229,531	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	747	81,058	0	8.00
9.00 00900 HOUSEKEEPING	3,161	0	8,980	1,178,050	0	9.00
10.00 01000 DIETARY	5,831	0	59,181	420,277	0	10.00
11.00 01100 CAFETERIA	5,647	0	0	753,025	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	0	152,083	2,279,017	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	9,044	0	57,212	412,291	0	14.00
15.00 01500 PHARMACY	1,726	0	1,068,070	1,901,868	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,066	0	15,701	87,927	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	151,732	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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	659,678	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,125	773,003	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	78,399	0	958,044	16,257,841	61,187,698	30.00
31.00 03100 INTENSIVE CARE UNIT	14,056	0	249,877	3,177,071	11,431,471	31.00
31.01 03101 NICU	1,592	0	155,145	3,034,725	23,075,654	31.01
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	3,950	0	18,940	1,312,547	3,734,115	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,749	0	813,305	3,583,573	154,634,921	50.00
50.01 05001 SAME DAY SURGERY	6,953	0	42,249	1,282,477	12,730,056	50.01
50.02 05002 G. I. LAB	680	0	180,865	802,235	18,635,399	50.02
51.00 05100 RECOVERY ROOM	1,794	0	29,161	658,883	13,151,013	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,304	0	99,739	4,385,776	39,230,914	52.00
53.00 05300 ANESTHESIOLOGY	519	0	82,105	93,599	18,177,718	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	22,148	0	1,127,944	5,101,022	196,168,025	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	15,341	0	244,738	1,196,121	34,518,800	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	6,690	0	104,937	2,720,000	141,145,136	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	1,338	0	98,330	1,668,250	32,718,785	65.00
69.00 06900 ELECTROCARDIOLOGY	3,820	0	70,026	1,672,022	41,764,187	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	38,709,938	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	27,946,160	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	146,284,876	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	4,471,375	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	2,473	0	31,335	462,772	2,752,895	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	2,528	0	23,202	2,376,168	32,965,554	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	0	529,191	1,741,522	55,594,537	75.05
75.06 07506 YORKVILLE	0	0	908,409	2,430,642	23,711,896	75.06
76.00 03020 DIABETIC CENTER	0	0	0	217,287	478,242	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	58,901	1,685,614	12,261,210	90.00
91.00 09100 EMERGENCY	15,198	0	207,723	5,880,682	149,457,076	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	330,293	46,429	10,199,098	89,601,487	1,296,937,651	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	219	0	300	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	53,571	0	0	0	192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	862	0	8,385	442,672	0	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NON REIMBURSABLE	0	0	1,268	222,567	0	194.04
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)	8,872,604	0	11,618,313	29,639,530	4,088,671	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.775197	0.000000	1.138040	0.328355	0.003153	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				95,672	5,909	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.001060	0.000005	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-42,119,782	179,392,432			5.06
7.00	00700	OPERATION OF PLANT	0	7,400,525	222,088		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	925,755	0	1,301,230	8.00
9.00	00900	HOUSEKEEPING	0	2,748,828	3,161	0	9.00
10.00	01000	DIETARY	0	1,288,897	5,831	0	10.00
11.00	01100	CAFETERIA	0	1,940,190	5,647	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,236,939	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,424,020	9,044	0	14.00
15.00	01500	PHARMACY	0	15,417,328	1,726	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,806,557	3,066	0	16.00
17.00	01700	SOCIAL SERVICE	0	273,354	0	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 SERVICES-SALARY & FRINGES APPRVD	0	877,408	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,285,955	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	25,298,262	78,399	545,466	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,022,611	14,056	50,196	31.00
31.01	03101	NI CU	0	4,430,305	1,592	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,932,148	3,950	85,026	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	12,189,093	7,749	160,071	50.00
50.01	05001	SAME DAY SURGERY	0	2,157,959	6,953	63,310	50.01
50.02	05002	G. I. LAB	0	2,372,372	680	0	50.02
51.00	05100	RECOVERY ROOM	0	1,032,312	1,794	46,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,721,434	7,304	0	52.00
53.00	05300	ANESTHESIOLOGY	0	994,296	519	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,638,693	22,148	47,531	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,223,346	15,341	50,663	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9,473,672	6,690	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,159,297	1,338	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	2,910,018	3,820	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	827,957	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,248,963	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	461,236	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	810,044	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	1,532,753	2,473	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	3,510,135	2,528	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	7,094,223	0	0	75.05
75.06	07506	YORKVILLE	0	5,961,808	0	0	75.06
76.00	03020	DIABETIC CENTER	0	351,755	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,956,184	0	0	90.00
91.00	09100	EMERGENCY	0	10,192,373	15,198	252,955	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-42,119,782	178,129,005	221,007	1,301,230	217,846 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	145,154	219	0	219 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	948,614	862	0	862 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NON REIMBURSABLE	0	169,659	0	0	0 194.04
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)		42,119,782	9,138,102	1,143,114	3,524,291 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.234791	41.146311	0.878487	16.098019 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		4,731,693	1,493,579	25,354	189,866 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.026376	6.725168	0.019485	0.867257 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	129,332					10.00
11.00	01100		98,312				11.00
12.00	01200			0			12.00
13.00	01300		2,213	0	1,497,563		13.00
14.00	01400		1,039	0	0	9,100,930	14.00
15.00	01500		2,474	0	0	78,590	15.00
16.00	01600		119	0	0	0	16.00
17.00	01700		200	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		1,907	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	112,176	24,573	0	513,092	16,182	30.00
31.00	03100	6,215	4,022	0	83,976	27,820	31.00
31.01	03101	0	3,905	0	81,543	4,383	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	10,941	1,847	0	38,562	326	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,856	0	101,384	3,879,312	50.00
50.01	05001	0	1,783	0	37,236	66,076	50.01
50.02	05002	0	1,144	0	23,892	352,627	50.02
51.00	05100	0	776	0	16,196	16,096	51.00
52.00	05200	0	6,041	0	0	220,498	52.00
53.00	05300	0	208	0	4,351	234,947	53.00
54.00	05400	0	6,905	0	144,166	573,153	54.00
55.00	05500	0	1,494	0	31,256	15,595	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	4,858	0	101,430	21,049	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,458	0	0	24,570	65.00
69.00	06900	0	5,154	0	107,611	77,963	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	465	0	9,718	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	3,030	0	0	2,579	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	2,112	0	0	3,216,521	75.05
75.06	07506	0	3,995	0	0	69,191	75.06
76.00	03020	0	254	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,855	0	38,726	22,365	90.00
91.00	09100	0	7,875	0	164,424	180,999	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	129,332	97,562	0	1,497,563	9,100,842 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	750	0	88	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	194.04
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)	1,925,310	2,718,988	0	4,058,147	2,304,819 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.886571	27.656726	0.000000	2.709834	0.253251 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	302,188	246,046	0	266,409	416,527 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.336529	2.502706	0.000000	0.177895	0.045768 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00514						5.05
5.06	00560						5.06
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	10,000					15.00
16.00	01600	0	1,296,937,651				16.00
17.00	01700	0	0	100			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		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	61,187,698	100		0	30.00
31.00	03100	0	11,431,471	0		0	31.00
31.01	03101	0	23,075,654	0		0	31.01
40.00	04000	0	0	0		0	40.00
41.00	04100	0	3,734,115	0		0	41.00
42.00	04200	0	0	0		0	42.00
43.00	04300	0	0	0		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	154,634,921	0	0	0	50.00
50.01	05001	0	12,730,056	0	0	0	50.01
50.02	05002	0	18,635,399	0	0	0	50.02
51.00	05100	0	13,151,013	0	0	0	51.00
52.00	05200	0	39,230,914	0	0	0	52.00
53.00	05300	0	18,177,718	0	0	0	53.00
54.00	05400	0	196,168,025	0	0	0	54.00
55.00	05500	0	34,518,800	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	141,145,136	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	32,718,785	0	0	0	65.00
69.00	06900	0	41,764,187	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	38,709,938	0	0	0	71.00
72.00	07200	0	27,946,160	0	0	0	72.00
73.00	07300	10,000	146,284,876	0	0	0	73.00
74.00	07400	0	4,471,375	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	2,752,895	0	0	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	32,965,554	0	0	0	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	55,594,537	0	0	0	75.05
75.06	07506	0	23,711,896	0	0	0	75.06
76.00	03020	0	478,242	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	12,261,210	0	0	0	90.00
91.00	09100	0	149,457,076	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,296,937,651	100	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	194.04
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)	19,224,308	3,644,314	343,066	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,922.430800	0.002810	3,430.660000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,693,277	197,656	7,872	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	169.327700	0.000152	78.720000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 POB NEW CRC					1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
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 SERVICES-SALARY & FRINGES APPRVD	194				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		194			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	105	105	0		30.00
31.00 03100 INTENSIVE CARE UNIT	5	5	0		31.00
31.01 03101 NICU	0	0	0		31.01
40.00 04000 SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	29	29	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	8	8	0		50.00
50.01 05001 SAME DAY SURGERY	0	0	0		50.01
50.02 05002 G. I. LAB	3	3	0		50.02
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15	15	0		52.00
53.00 05300 ANESTHESIOLOGY	1	1	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3	3	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 05700 CT SCAN	0	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 BLOOD LABORATORY	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	1	1	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC REHAB	18	18	0		75.01
75.02 07502 HEART SURGERY	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0		75.03
75.04 07504 CV SURGERY	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0		75.05
75.06 07506 YORKVILLE	0	0	0		75.06
76.00 03020 DIABETIC CENTER	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
91.00 09100 EMERGENCY	6	6	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
SPECIAL PURPOSE COST CENTERS					
109.00 10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	111.00
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	194	194	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
194.01 07950	ADVERTISING	0	0	0	194.01
194.02 07951	HOME HEALTH SERVICES PRIVATE	0	0	0	194.02
194.03 07952	HHA HME	0	0	0	194.03
194.04 07953	OTHER NON REIMBURSABLE	0	0	0	194.04
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)	1,136,157	1,587,886	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5,856.479381	8,184.979381	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,615	39,431	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	147.500000	203.252577	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		40,464,221	0	40,464,221	30.00
31.00	03100	INTENSIVE CARE UNIT		7,521,082	18,081	7,539,163	31.00
31.01	03101	NICU		5,956,555	21,711	5,978,266	31.01
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,015,637	0	3,015,637	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		17,461,188	7,730	17,468,918	50.00
50.01	05001	SAME DAY SURGERY		3,320,985	0	3,320,985	50.01
50.02	05002	G. I. LAB		3,206,360	0	3,206,360	50.02
51.00	05100	RECOVERY ROOM		1,524,187	0	1,524,187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		9,050,833	26,571	9,077,404	52.00
53.00	05300	ANESTHESIOLOGY		1,385,581	17,453	1,403,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		18,193,686	0	18,193,686	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		5,129,817	8,503	5,138,320	55.00
57.00	05700	CT SCAN		0	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		12,892,133	0	12,892,133	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,143,807	0	4,143,807	65.00
69.00	06900	ELECTROCARDIOLOGY		4,383,189	0	4,383,189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,131,129	0	1,131,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		13,968,647	0	13,968,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		20,204,899	0	20,204,899	73.00
74.00	07400	RENAL DIALYSIS		1,012,800	0	1,012,800	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC REHAB		2,081,125	25,275	2,106,400	75.01
75.02	07502	HEART SURGERY		0	0	0	75.02
75.03	07503	REHAB SERVICES		4,656,083	0	4,656,083	75.03
75.04	07504	CV SURGERY		0	0	0	75.04
75.05	07505	VASCULAR SERVICES		9,789,102	0	9,789,102	75.05
75.06	07506	YORKVILLE		7,556,229	2,722	7,558,951	75.06
76.00	03020	DIABETIC CENTER		442,713	0	442,713	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		3,846,631	0	3,846,631	90.00
91.00	09100	EMERGENCY		14,806,839	7,129	14,813,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		6,114,480	0	6,114,480	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)	0	223,259,938	135,175	223,395,113	200.00
201.00		Less Observation Beds		6,114,480	0	6,114,480	201.00
202.00		Total (see instructions)	0	217,145,458	135,175	217,280,633	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

		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	61,187,698		61,187,698		30.00
31.00	03100	INTENSIVE CARE UNIT	11,431,471		11,431,471		31.00
31.01	03101	NICU	23,075,654		23,075,654		31.01
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	3,734,115		3,734,115		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,049,333	68,585,588	154,634,921	0.112919	50.00
50.01	05001	SAME DAY SURGERY	1,907,800	10,822,256	12,730,056	0.260877	50.01
50.02	05002	G. I. LAB	3,409,738	15,225,661	18,635,399	0.172057	50.02
51.00	05100	RECOVERY ROOM	6,068,889	7,082,124	13,151,013	0.115899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,481,941	6,748,973	39,230,914	0.230707	52.00
53.00	05300	ANESTHESIOLOGY	10,658,837	7,518,881	18,177,718	0.076224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,271,631	152,896,394	196,168,025	0.092745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	847,701	33,671,099	34,518,800	0.148609	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	67,322,609	73,822,527	141,145,136	0.091340	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	28,156,018	4,562,767	32,718,785	0.126649	65.00
69.00	06900	ELECTROCARDIOLOGY	9,571,814	32,192,373	41,764,187	0.104951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,329,553	4,380,385	38,709,938	0.029221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,229,190	8,716,970	27,946,160	0.499841	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,867,284	72,417,592	146,284,876	0.138120	73.00
74.00	07400	RENAL DIALYSIS	3,967,171	504,204	4,471,375	0.226508	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	2,320	2,750,575	2,752,895	0.755977	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	21,301,826	11,663,728	32,965,554	0.141241	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	25,992,390	29,602,147	55,594,537	0.176080	75.05
75.06	07506	YORKVILLE	455,655	23,256,241	23,711,896	0.318668	75.06
76.00	03020	DIABETIC CENTER	868	477,374	478,242	0.925709	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	713,309	11,547,901	12,261,210	0.313724	90.00
91.00	09100	EMERGENCY	24,129,650	125,327,426	149,457,076	0.099071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,161,307	6,161,307	0.992400	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	593,164,465	709,934,493	1,303,098,958		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	593,164,465	709,934,493	1,303,098,958		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NICU				31.01
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.112969			50.00
50.01	05001 SAME DAY SURGERY	0.260877			50.01
50.02	05002 G. I. LAB	0.172057			50.02
51.00	05100 RECOVERY ROOM	0.115899			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.231384			52.00
53.00	05300 ANESTHESIOLOGY	0.077184			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.092745			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.148856			55.00
57.00	05700 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	0.091340			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.126649			65.00
69.00	06900 ELECTROCARDIOLOGY	0.104951			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029221			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.499841			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.138120			73.00
74.00	07400 RENAL DIALYSIS	0.226508			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 CARDIAC REHAB	0.765158			75.01
75.02	07502 HEART SURGERY	0.000000			75.02
75.03	07503 REHAB SERVICES	0.141241			75.03
75.04	07504 CV SURGERY	0.000000			75.04
75.05	07505 VASCULAR SERVICES	0.176080			75.05
75.06	07506 YORKVILLE	0.318783			75.06
76.00	03020 DIABETIC CENTER	0.925709			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.313724			90.00
91.00	09100 EMERGENCY	0.099119			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.992400			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		40,464,221	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,521,082	0	0	31.00	
31.01	03101 NICU		5,956,555	0	0	31.01	
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF		3,015,637	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		17,461,188	0	0	50.00	
50.01	05001 SAME DAY SURGERY		3,320,985	0	0	50.01	
50.02	05002 G. I. LAB		3,206,360	0	0	50.02	
51.00	05100 RECOVERY ROOM		1,524,187	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,050,833	0	0	52.00	
53.00	05300 ANESTHESIOLOGY		1,385,581	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,193,686	0	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		5,129,817	0	0	55.00	
57.00	05700 CT SCAN		0	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		12,892,133	0	0	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0	4,143,807	0	0	65.00	
69.00	06900 ELECTROCARDIOLOGY		4,383,189	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,131,129	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,968,647	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		20,204,899	0	0	73.00	
74.00	07400 RENAL DIALYSIS		1,012,800	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	07501 CARDIAC REHAB		2,081,125	0	0	75.01	
75.02	07502 HEART SURGERY		0	0	0	75.02	
75.03	07503 REHAB SERVICES		4,656,083	0	0	75.03	
75.04	07504 CV SURGERY		0	0	0	75.04	
75.05	07505 VASCULAR SERVICES		9,789,102	0	0	75.05	
75.06	07506 YORKVILLE		7,556,229	0	0	75.06	
76.00	03020 DIABETIC CENTER		442,713	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		3,846,631	0	0	90.00	
91.00	09100 EMERGENCY		14,806,839	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,114,480	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)		223,259,938	0	0	200.00	
201.00	Less Observation Beds		6,114,480	0	0	201.00	
202.00	Total (see instructions)		217,145,458	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	61,187,698		61,187,698		30.00
31.00	03100	INTENSIVE CARE UNIT	11,431,471		11,431,471		31.00
31.01	03101	NICU	23,075,654		23,075,654		31.01
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	3,734,115		3,734,115		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	86,049,333	68,585,588	154,634,921	0.112919	50.00
50.01	05001	SAME DAY SURGERY	1,907,800	10,822,256	12,730,056	0.260877	50.01
50.02	05002	G. I. LAB	3,409,738	15,225,661	18,635,399	0.172057	50.02
51.00	05100	RECOVERY ROOM	6,068,889	7,082,124	13,151,013	0.115899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,481,941	6,748,973	39,230,914	0.230707	52.00
53.00	05300	ANESTHESIOLOGY	10,658,837	7,518,881	18,177,718	0.076224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,271,631	152,896,394	196,168,025	0.092745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	847,701	33,671,099	34,518,800	0.148609	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	67,322,609	73,822,527	141,145,136	0.091340	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	28,156,018	4,562,767	32,718,785	0.126649	65.00
69.00	06900	ELECTROCARDIOLOGY	9,571,814	32,192,373	41,764,187	0.104951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,329,553	4,380,385	38,709,938	0.029221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,229,190	8,716,970	27,946,160	0.499841	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,867,284	72,417,592	146,284,876	0.138120	73.00
74.00	07400	RENAL DIALYSIS	3,967,171	504,204	4,471,375	0.226508	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	2,320	2,750,575	2,752,895	0.755977	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	21,301,826	11,663,728	32,965,554	0.141241	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	25,992,390	29,602,147	55,594,537	0.176080	75.05
75.06	07506	YORKVILLE	455,655	23,256,241	23,711,896	0.318668	75.06
76.00	03020	DIABETIC CENTER	868	477,374	478,242	0.925709	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	713,309	11,547,901	12,261,210	0.313724	90.00
91.00	09100	EMERGENCY	24,129,650	125,327,426	149,457,076	0.099071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,161,307	6,161,307	0.992400	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	593,164,465	709,934,493	1,303,098,958		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	593,164,465	709,934,493	1,303,098,958		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/25/2012 3:22 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	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 NICU			31.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 SAME DAY SURGERY	0.000000		50.01
50.02	05002 G. I. LAB	0.000000		50.02
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
57.00	05700 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 BLOOD LABORATORY	0.000000		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC REHAB	0.000000		75.01
75.02	07502 HEART SURGERY	0.000000		75.02
75.03	07503 REHAB SERVICES	0.000000		75.03
75.04	07504 CV SURGERY	0.000000		75.04
75.05	07505 VASCULAR SERVICES	0.000000		75.05
75.06	07506 YORKVILLE	0.000000		75.06
76.00	03020 DIABETIC CENTER	0.000000		76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Title XVIII			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	4,912,935	0	4,912,935	41,619	118.05	30.00
31.00	03100 INTENSIVE CARE UNIT	946,858		946,858	4,143	228.54	31.00
31.01	03101 NICU	379,447		379,447	2,130	178.14	31.01
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0.00	40.00
41.00	04100 SUBPROVIDER - I RF	248,964	0	248,964	3,647	68.27	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	0		0	8,522	0.00	43.00
200.00	Total (lines 30-199)	6,488,204		6,488,204	60,061		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	13,854	1,635,465	30.00
31.00	03100 INTENSIVE CARE UNIT	1,846	421,885	31.00
31.01	03101 NICU	0	0	31.01
40.00	04000 SUBPROVIDER - I PF	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	2,190	149,511	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	17,890	2,206,861	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/25/2012 3:22 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,752,315	154,634,921	0.011332	30,059,354	340,633	50.00
50.01	05001 SAME DAY SURGERY	362,659	12,730,056	0.028488	736,522	20,982	50.01
50.02	05002 G. I. LAB	318,804	18,635,399	0.017107	1,874,742	32,071	50.02
51.00	05100 RECOVERY ROOM	131,290	13,151,013	0.009983	2,096,712	20,931	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	577,832	39,230,914	0.014729	100,972	1,487	52.00
53.00	05300 ANESTHESIOLOGY	152,502	18,177,718	0.008390	3,079,947	25,841	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,484,411	196,168,025	0.012665	21,660,014	274,324	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	908,463	34,518,800	0.026318	530,060	13,950	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	655,428	141,145,136	0.004644	30,462,508	141,468	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	255,398	32,718,785	0.007806	12,289,669	95,933	65.00
69.00	06900 ELECTROCARDIOLOGY	331,670	41,764,187	0.007941	5,100,128	40,500	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	27,916	38,709,938	0.000721	11,643,349	8,395	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	301,091	27,946,160	0.010774	8,470,578	91,262	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,728,409	146,284,876	0.011815	29,409,103	347,469	73.00
74.00	07400 RENAL DIALYSIS	22,068	4,471,375	0.004935	2,359,053	11,642	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	164,895	2,752,895	0.059899	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	221,265	32,965,554	0.006712	6,437,247	43,207	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	952,432	55,594,537	0.017132	11,249,779	192,731	75.05
75.06	07506 YORKVILLE	1,210,519	23,711,896	0.051051	65,485	3,343	75.06
76.00	03020 DIABETIC CENTER	10,219	478,242	0.021368	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	161,272	12,261,210	0.013153	303,163	3,988	90.00
91.00	09100 EMERGENCY	1,119,420	149,457,076	0.007490	12,433,927	93,130	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	742,383	6,161,307	0.120491	0	0	92.00
200.00	Total (lines 50-199)	14,592,661	1,203,670,020		190,362,312	1,803,287	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140029		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/25/2012 3:22 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	NICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/25/2012 3:22 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital		PSA Adj. Nursing School	
			Inpatient Program Days	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	41,619	0.00	13,854	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,143	0.00	1,846	0	0	31.00
31.01	03101	NI CU	2,130	0.00	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	3,647	0.00	2,190	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	8,522	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	60,061		17,890	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
		12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	03101	NI CU	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0 50.01
50.02	05002	G. I. LAB	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0 75.01
75.02	07502	HEART SURGERY	0	0	0	0	0 75.02
75.03	07503	REHAB SERVICES	0	0	0	0	0 75.03
75.04	07504	CV SURGERY	0	0	0	0	0 75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	0 75.05
75.06	07506	YORKVILLE	0	0	0	0	0 75.06
76.00	03020	DIABETIC CENTER	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/25/2012 3:22 pm
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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		Inpatient Program Charges	
				PPS			
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	154,634,921	0.000000	0.000000		30,059,354	50.00
50.01 05001 SAME DAY SURGERY	0	12,730,056	0.000000	0.000000		736,522	50.01
50.02 05002 G. I. LAB	0	18,635,399	0.000000	0.000000		1,874,742	50.02
51.00 05100 RECOVERY ROOM	0	13,151,013	0.000000	0.000000		2,096,712	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	39,230,914	0.000000	0.000000		100,972	52.00
53.00 05300 ANESTHESIOLOGY	0	18,177,718	0.000000	0.000000		3,079,947	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	196,168,025	0.000000	0.000000		21,660,014	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	34,518,800	0.000000	0.000000		530,060	55.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000		0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000		0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000		0	59.00
60.00 06000 LABORATORY	0	141,145,136	0.000000	0.000000		30,462,508	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000		0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000		0	62.30
65.00 06500 RESPIRATORY THERAPY	0	32,718,785	0.000000	0.000000		12,289,669	65.00
69.00 06900 ELECTROCARDIOLOGY	0	41,764,187	0.000000	0.000000		5,100,128	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000		0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,709,938	0.000000	0.000000		11,643,349	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,946,160	0.000000	0.000000		8,470,578	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	146,284,876	0.000000	0.000000		29,409,103	73.00
74.00 07400 RENAL DIALYSIS	0	4,471,375	0.000000	0.000000		2,359,053	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000		0	75.00
75.01 07501 CARDIAC REHAB	0	2,752,895	0.000000	0.000000		0	75.01
75.02 07502 HEART SURGERY	0	0	0.000000	0.000000		0	75.02
75.03 07503 REHAB SERVICES	0	32,965,554	0.000000	0.000000		6,437,247	75.03
75.04 07504 CV SURGERY	0	0	0.000000	0.000000		0	75.04
75.05 07505 VASCULAR SERVICES	0	55,594,537	0.000000	0.000000		11,249,779	75.05
75.06 07506 YORKVILLE	0	23,711,896	0.000000	0.000000		65,485	75.06
76.00 03020 DIABETIC CENTER	0	478,242	0.000000	0.000000		0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000		0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000		0	89.00
90.00 09000 CLINIC	0	12,261,210	0.000000	0.000000		303,163	90.00
91.00 09100 EMERGENCY	0	149,457,076	0.000000	0.000000		12,433,927	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,161,307	0.000000	0.000000		0	92.00
200.00 Total (lines 50-199)	0	1,203,670,020				190,362,312	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/25/2012 3:22 pm
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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	
		11.00	12.00	13.00	21.00	22.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	11,034,953	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	2,056,172	0	0	0	50.01
50.02	05002 G. I. LAB	0	4,854,261	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	928,375	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,600	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,102,456	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,665,888	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,549,400	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	2,839,191	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	922,077	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	11,325,914	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,599,855	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,335,490	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,727,993	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	251,902	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	9,835,318	0	0	0	75.05
75.06	07506 YORKVILLE	0	3,262,056	0	0	0	75.06
76.00	03020 DIABETIC CENTER	0	5,600	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	858,292	0	0	0	90.00
91.00	09100 EMERGENCY	0	14,348,304	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,849,451	0	0	0	92.00
200.00	Total (lines 50-199)	0	133,358,548	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/25/2012 3:22 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SAME DAY SURGERY	0	0		50.01
50.02 05002 G. I. LAB	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC REHAB	0	0		75.01
75.02 07502 HEART SURGERY	0	0		75.02
75.03 07503 REHAB SERVICES	0	0		75.03
75.04 07504 CV SURGERY	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0		75.05
75.06 07506 YORKVILLE	0	0		75.06
76.00 03020 DIABETIC CENTER	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS		
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.112919	11,034,953	1,696	0	50.00
50.01	05001	SAME DAY SURGERY	0.260877	2,056,172	0	0	50.01
50.02	05002	G. I. LAB	0.172057	4,854,261	606	0	50.02
51.00	05100	RECOVERY ROOM	0.115899	928,375	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230707	5,600	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076224	1,102,456	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092745	25,665,888	0	1,126	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148609	12,549,400	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.091340	2,839,191	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.126649	922,077	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.104951	11,325,914	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029221	1,599,855	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.499841	3,335,490	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138120	23,727,993	0	177,728	73.00
74.00	07400	RENAL DIALYSIS	0.226508	251,902	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0.755977	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.141241	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.176080	9,835,318	9,815	751	75.05
75.06	07506	YORKVILLE	0.318668	3,262,056	0	0	75.06
76.00	03020	DIABETIC CENTER	0.925709	5,600	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.313724	858,292	0	0	90.00
91.00	09100	EMERGENCY	0.099071	14,348,304	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.992400	2,849,451	0	0	92.00
200.00		Subtotal (see instructions)		133,358,548	12,117	179,605	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		133,358,548	12,117	179,605	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)			
	5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,246,056	192	0	50.00
50.01	05001	SAME DAY SURGERY	536,408	0	0	50.01
50.02	05002	G. I. LAB	835,210	104	0	50.02
51.00	05100	RECOVERY ROOM	107,598	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,292	0	0	52.00
53.00	05300	ANESTHESIOLOGY	84,034	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,380,383	0	104	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,864,954	0	0	55.00
57.00	05700	CT SCAN	0	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	259,332	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	116,780	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	1,188,666	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	46,749	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,667,215	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,277,310	0	24,548	73.00
74.00	07400	RENAL DIALYSIS	57,058	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,731,803	1,728	132	75.05
75.06	07506	YORKVILLE	1,039,513	0	0	75.06
76.00	03020	DIABETIC CENTER	5,184	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	269,267	0	0	90.00
91.00	09100	EMERGENCY	1,421,501	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,827,795	0	0	92.00
200.00		Subtotal (see instructions)	20,964,108	2,024	24,784	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	20,964,108	2,024	24,784	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/25/2012 3:22 pm
		Component CCN: 14T029	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,752,315	154,634,921	0.011332	30,606	347	50.00
50.01	05001 SAME DAY SURGERY	362,659	12,730,056	0.028488	0	0	50.01
50.02	05002 G. I. LAB	318,804	18,635,399	0.017107	0	0	50.02
51.00	05100 RECOVERY ROOM	131,290	13,151,013	0.009983	3,060	31	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	577,832	39,230,914	0.014729	0	0	52.00
53.00	05300 ANESTHESIOLOGY	152,502	18,177,718	0.008390	3,330	28	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,484,411	196,168,025	0.012665	223,016	2,824	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	908,463	34,518,800	0.026318	0	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	655,428	141,145,136	0.004644	1,143,142	5,309	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	255,398	32,718,785	0.007806	271,328	2,118	65.00
69.00	06900 ELECTROCARDIOLOGY	331,670	41,764,187	0.007941	16,624	132	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	27,916	38,709,938	0.000721	1,150,737	830	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	301,091	27,946,160	0.010774	2,345	25	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,728,409	146,284,876	0.011815	1,661,320	19,628	73.00
74.00	07400 RENAL DIALYSIS	22,068	4,471,375	0.004935	310,968	1,535	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	164,895	2,752,895	0.059899	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	221,265	32,965,554	0.006712	6,050,129	40,608	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	952,432	55,594,537	0.017132	8,279	142	75.05
75.06	07506 YORKVILLE	1,210,519	23,711,896	0.051051	0	0	75.06
76.00	03020 DIABETIC CENTER	10,219	478,242	0.021368	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	161,272	12,261,210	0.013153	2,980	39	90.00
91.00	09100 EMERGENCY	1,119,420	149,457,076	0.007490	3,274	25	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	742,383	6,161,307	0.120491	0	0	92.00
200.00	Total (lines 50-199)	14,592,661	1,203,670,020		10,881,138	73,621	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/25/2012 3:22 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02 05002 G. I. LAB	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06 07506 YORKVILLE	0	0	0	0	0	75.06
76.00 03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/25/2012 3:22 pm
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Title XVIII		Subprovider - IRF	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	154,634,921	0.000000	0.000000	30,606	50.00
50.01	05001 SAME DAY SURGERY	0	12,730,056	0.000000	0.000000	0	50.01
50.02	05002 G. I. LAB	0	18,635,399	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	13,151,013	0.000000	0.000000	3,060	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	39,230,914	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,177,718	0.000000	0.000000	3,330	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	196,168,025	0.000000	0.000000	223,016	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	34,518,800	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	141,145,136	0.000000	0.000000	1,143,142	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	32,718,785	0.000000	0.000000	271,328	65.00
69.00	06900 ELECTROCARDIOLOGY	0	41,764,187	0.000000	0.000000	16,624	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,709,938	0.000000	0.000000	1,150,737	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,946,160	0.000000	0.000000	2,345	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	146,284,876	0.000000	0.000000	1,661,320	73.00
74.00	07400 RENAL DIALYSIS	0	4,471,375	0.000000	0.000000	310,968	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	2,752,895	0.000000	0.000000	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503 REHAB SERVICES	0	32,965,554	0.000000	0.000000	6,050,129	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505 VASCULAR SERVICES	0	55,594,537	0.000000	0.000000	8,279	75.05
75.06	07506 YORKVILLE	0	23,711,896	0.000000	0.000000	0	75.06
76.00	03020 DIABETIC CENTER	0	478,242	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	12,261,210	0.000000	0.000000	2,980	90.00
91.00	09100 EMERGENCY	0	149,457,076	0.000000	0.000000	3,274	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,161,307	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	1,203,670,020			10,881,138	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/25/2012 3:22 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	0	0	50.02
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	3,033	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	290	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	354	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	747	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
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	0	0	75.06
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	4,424	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/25/2012 3:22 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	50.01
50.02	05002 G. I. LAB	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	75.01
75.02	07502 HEART SURGERY	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	75.05
75.06	07506 YORKVILLE	0	0	75.06
76.00	03020 DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/25/2012 3:22 pm		
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.112919	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.260877	0	0	50.01
50.02	05002	G. I. LAB	0.172057	0	0	50.02
51.00	05100	RECOVERY ROOM	0.115899	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230707	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076224	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092745	3,033	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148609	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.091340	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.126649	290	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.104951	354	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029221	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.499841	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138120	747	0	73.00
74.00	07400	RENAL DIALYSIS	0.226508	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	0.755977	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	0.141241	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.176080	0	0	75.05
75.06	07506	YORKVILLE	0.318668	0	0	75.06
76.00	03020	DIABETIC CENTER	0.925709	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.313724	0	0	90.00
91.00	09100	EMERGENCY	0.099071	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.992400	0	0	92.00
200.00		Subtotal (see instructions)		4,424	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00		Net Charges (line 200 +/- line 201)		4,424	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/25/2012 3:22 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 SAME DAY SURGERY	0	0	0		50.01
50.02 05002 G. I. LAB	0	0	0		50.02
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	281	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 05700 CT SCAN	0	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 BLOOD LABORATORY	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	37	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	37	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	103	0	57		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC REHAB	0	0	0		75.01
75.02 07502 HEART SURGERY	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0		75.03
75.04 07504 CV SURGERY	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0		75.05
75.06 07506 YORKVILLE	0	0	0		75.06
76.00 03020 DIABETIC CENTER	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	458	0	57		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	458	0	57		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/25/2012 3:22 pm
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)		41,619	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,619	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)		35,330	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)		13,854	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)		40,464,221	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)		40,464,221	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		61,187,698	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		61,187,698	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.661313	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)		1,731.89	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)		40,464,221	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)		972.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,469,552	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		13,469,552	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2011 To 06/30/2012		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	7,539,163	4,143	1,819.74	1,846	3,359,240	43.00
43.01	NICU	5,978,266	2,130	2,806.70	0	0	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)					24,785,505	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,614,297	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,057,350	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,803,287	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,860,637	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,753,660	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)					6,289	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					972.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,114,480	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/25/2012 3:22 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,912,935	40,464,221	0.121414	6,114,480	742,383	90.00
91.00	Nursing School cost	0	40,464,221	0.000000	6,114,480	0	91.00
92.00	Allied health cost	0	40,464,221	0.000000	6,114,480	0	92.00
93.00	All other Medical Education	0	40,464,221	0.000000	6,114,480	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Component CCN: 14T029		Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,647	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,647	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,647	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)		2,190	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,015,637	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,015,637	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,734,115	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,734,115	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.807591	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)		1,023.89	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,015,637	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)		826.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,810,867	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,810,867	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Component CCN: 14T029				Date/Time Prepared: 11/25/2012 3:22 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	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)					1,357,218	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,168,085	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					149,511	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					73,621	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					223,132	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,944,953	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: 140029 Component CCN: 14T029		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/25/2012 3:22 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	248,964	3,015,637	0.082558	0	0	90.00
91.00	Nursing School cost	0	3,015,637	0.000000	0	0	91.00
92.00	Allied health cost	0	3,015,637	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,015,637	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/25/2012 3:22 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		23,256,068	30.00
31.00	03100	INTENSIVE CARE UNIT		5,238,723	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.112969	30,059,354	3,395,775 50.00
50.01	05001	SAME DAY SURGERY	0.260877	736,522	192,142 50.01
50.02	05002	G. I. LAB	0.172057	1,874,742	322,562 50.02
51.00	05100	RECOVERY ROOM	0.115899	2,096,712	243,007 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231384	100,972	23,363 52.00
53.00	05300	ANESTHESIOLOGY	0.077184	3,079,947	237,723 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092745	21,660,014	2,008,858 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148856	530,060	78,903 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.091340	30,462,508	2,782,445 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.126649	12,289,669	1,556,474 65.00
69.00	06900	ELECTROCARDIOLOGY	0.104951	5,100,128	535,264 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029221	11,643,349	340,230 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.499841	8,470,578	4,233,942 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138120	29,409,103	4,061,985 73.00
74.00	07400	RENAL DIALYSIS	0.226508	2,359,053	534,344 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	CARDIAC REHAB	0.765158	0	0 75.01
75.02	07502	HEART SURGERY	0.000000	0	0 75.02
75.03	07503	REHAB SERVICES	0.141241	6,437,247	909,203 75.03
75.04	07504	CV SURGERY	0.000000	0	0 75.04
75.05	07505	VASCULAR SERVICES	0.176080	11,249,779	1,980,861 75.05
75.06	07506	YORKVILLE	0.318783	65,485	20,876 75.06
76.00	03020	DIABETIC CENTER	0.925709	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.313724	303,163	95,110 90.00
91.00	09100	EMERGENCY	0.099119	12,433,927	1,232,438 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.992400	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		190,362,312	24,785,505 200.00
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)		190,362,312	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 14T029		Date/Time Prepared: 11/25/2012 3:22 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,279,791	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.112969	30,606	50.00
50.01	05001	SAME DAY SURGERY	0.260877	0	50.01
50.02	05002	G. I. LAB	0.172057	0	50.02
51.00	05100	RECOVERY ROOM	0.115899	3,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231384	0	52.00
53.00	05300	ANESTHESIOLOGY	0.077184	3,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092745	223,016	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.148856	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.091340	1,143,142	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.126649	271,328	65.00
69.00	06900	ELECTROCARDIOLOGY	0.104951	16,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029221	1,150,737	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.499841	2,345	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138120	1,661,320	73.00
74.00	07400	RENAL DIALYSIS	0.226508	310,968	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	0.765158	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0.141241	6,050,129	75.03
75.04	07504	CV SURGERY	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0.176080	8,279	75.05
75.06	07506	YORKVILLE	0.318783	0	75.06
76.00	03020	DIABETIC CENTER	0.925709	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.313724	2,980	90.00
91.00	09100	EMERGENCY	0.099119	3,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.992400	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		10,881,138	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)		10,881,138	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVII	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		29,894,141	1.00
2.00	Outlier payments for discharges. (see instructions)		1,023,595	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		2,754,432	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		173.82	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)		12.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.27	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		13.25	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.73	12.00
13.00	Total allowable FTE count for the prior year.		11.73	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.		11.08	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.51	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		11.51	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.066218	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.074762	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.066218	21.00
22.00	IME payment adjustment (see instructions)		1,159,547	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)		1.52	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)		1,159,547	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.10	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		23.42	31.00
32.00	Sum of lines 30 and 31		27.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.92	33.00
34.00	Disproportionate share adjustment (see instructions)		3,563,382	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		35,640,665	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		35,640,665	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,786,011	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).		304,977	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,731,653	59.00
60.00	Primary payer payments		31,203	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,700,450	61.00
62.00	Deductibles billed to program beneficiaries		2,781,652	62.00
63.00	Coinurance billed to program beneficiaries		54,267	63.00
64.00	Allowable bad debts (see instructions)		587,656	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		411,359	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		587,641	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,275,890	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		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)		36,275,890	71.00
72.00	Interim payments		36,553,600	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)		-277,710	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,808	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,964,108	2.00
3.00	PPS payments		17,025,498	3.00
4.00	Outlier payment (see instructions)		101,406	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)		26,808	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		191,722	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)		191,722	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)		191,722	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		164,914	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)		26,808	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)		17,126,904	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,423	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,729,168	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)		13,422,121	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		143,054	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)		13,565,175	30.00
31.00	Primary payer payments		192	31.00
32.00	Subtotal (line 30 minus line 31)		13,564,983	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)		745,010	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		521,507	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		744,978	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		14,086,490	37.00
38.00	MSP-LCC reconciliation amount from PS&R		9	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)		14,086,481	40.00
41.00	Interim payments		13,828,110	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)		258,371	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: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/25/2012 3:22 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
112.00	Override of Ancillary service charges (line 12)		0

WORKSHEET OVERRIDE VALUES

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		458	2.00
3.00	PPS payments		413	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)		57	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		412	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)		412	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)		412	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		355	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)		57	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)		413	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)		61	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)		409	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)		409	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		409	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)		409	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)		409	40.00
41.00	Interim payments		411	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: 140029 Component CCN: 14T029	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/25/2012 3:22 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2012 3:22 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		35,379,303		13,402,587	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		557,967		405,296	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	03/19/2012	165,211	03/19/2012	21,062	3.01	
3.02		06/11/2012	451,119		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	06/11/2012	835	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)		616,330		20,227	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)		36,553,600		13,828,110	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		258,371	6.01	
6.02	SETTLEMENT TO PROGRAM		277,710		0	6.02	
7.00	Total Medicare program liability (see instructions)		36,275,890		14,086,481	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140029
Component CCN: 14T029

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2012 3:22 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				411	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		3,159,796		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	03/19/2012	17,310		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)		17,310		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,177,106		411	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		22,379		2	6.02
7.00	Total Medicare program liability (see instructions)		3,154,727		409	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,822,362 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0119 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			85,726 3.00
4.00	Outlier Payments			91,585 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)			1.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			2.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			9.964481 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.067968 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			191,830 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,191,503 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,191,503 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,191,503 19.00
20.00	Deductibles			20,592 20.00
21.00	Subtotal (line 19 minus line 20)			3,170,911 21.00
22.00	Coinsurance			16,184 22.00
23.00	Subtotal (line 21 minus line 22)			3,154,727 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,154,727 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,154,727 32.00
33.00	Interim payments			3,177,106 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)			-22,379 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/25/2012 3:22 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.27	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.25	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	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.	13.25	0.00	13.25	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.	11.73	0.00	11.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	11.73	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	11.73	1.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.91	0.82		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.46	0.61		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	11.46	0.61		17.00
18.00	Per resident amount	88,381.53	88,381.53		18.00
19.00	Approved amount for resident costs	1,012,852	53,913	1,066,765	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			1.52	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)			1,066,765	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	17,890	1,298		26.00
27.00	Total Inpatient Days	45,250	45,250		27.00
28.00	Ratio of inpatient days to total inpatient days	0.395359	0.028685		28.00
29.00	Program direct GME amount	421,755	30,600		29.00
30.00	Reduction for direct GME payments for Medicare managed care		4,324		30.00
31.00	Net Program direct GME amount			448,031	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/25/2012 3:22 pm
		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)		4,471,375	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		44,782,382	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		31,203	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		44,751,179	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,991,431	42.00
43.00	Primary payer payments (see instructions)		192	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,991,239	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		65,742,418	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.680705	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.319295	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		448,031	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		304,977	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		143,054	50.00

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

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet G

Date/Time Prepared:
11/25/2012 3:22 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	32,521,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	45,256,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	14,315,000	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)	92,092,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	136,695,462	0	0	0	15.00
16.00	Accumulated depreciation	-181,188,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	181,074,538	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	136,582,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	115,890,000	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	26,485,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	142,375,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	371,049,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,113,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	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	35,500,000	0	0	0	43.00
44.00	Other current liabilities	24,705,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	75,318,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	90,552,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	51,125,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	141,677,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	216,995,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	154,054,000				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)	154,054,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	371,049,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/25/2012 3:22 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		139,180,000	
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,368,000			2.00
3.00	Total (sum of line 1 and line 2)		163,548,000		0	3.00
4.00	NEW ASSETS RELEASED FROM RESTRICTION	10,000		0		4.00
5.00	CHANGE IN INTEREST IN NET ASSETS	210,000		0		5.00
6.00	CONTRIBUTIONS RECEIVED	578,000		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		798,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		164,346,000		0	11.00
12.00	TRANSFER OF ASSETS TO AFFILIATES	10,292,000		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		10,292,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		154,054,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/25/2012 3:22 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00			0		0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00			0		0	10.00
11.00			0		0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2012 3:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	61,187,698		61,187,698	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,734,115		3,734,115	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	64,921,813		64,921,813	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,431,471		11,431,471	11.00
11.01	NICU	23,075,654		23,075,654	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	34,507,125		34,507,125	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	99,428,938		99,428,938	17.00
18.00	Ancillary services	495,887,296	584,732,627	1,080,619,923	18.00
19.00	Outpatient services	0	125,327,426	125,327,426	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	595,316,234	710,060,053	1,305,376,287	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		257,726,513		29.00
30.00	RUSH COPLEY CARDIOVASCULAR, LLC	6,813,831			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		6,813,831		36.00
37.00	RECONCILE	344			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		344		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		264,540,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140029

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-3

Date/Time Prepared:
11/25/2012 3:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,305,376,287	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,014,162,287	2.00
3.00	Net patient revenues (line 1 minus line 2)	291,214,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	264,540,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,674,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,945,000	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	70,000	24.00
25.00	Total other income (sum of lines 6-24)	3,015,000	25.00
26.00	Total (line 5 plus line 25)	29,689,000	26.00
27.00	CHG FAIR MKT VALUE INT RATE SWAP	5,321,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5,321,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,368,000	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet I-5 Date/Time Prepared: 11/25/2012 3:22 pm
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			0 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			0 2.00
3.00	Deductibles billed to Medicare (Part B) patients			0 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			0 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			0 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			0 9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			0 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140029	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/25/2012 3:22 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,420,360	1.00
2.00	Capital DRG outlier payments		156,774	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		113.67	3.00
4.00	Number of interns & residents (see instructions)		11.51	4.00
5.00	Indirect medical education percentage (see instructions)		2.90	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		70,190	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.10	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		23.42	8.00
9.00	Sum of lines 7 and 8		27.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.73	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		138,687	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,786,011	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