

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: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet 5 Parts I-III Date/Time Prepared: 2/28/2013 8:20 am
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PART I - COST REPORT STATUS

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

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

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/28/2013 Time: 8:20 am

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL (140054) for the cost reporting period beginning 10/01/2011 and ending 09/30/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 2/28/2013 Time: 8:20 am
 0Bow.6TEmxzkxby6YgoPrtAE3QUWT0
 e8X:00zxY4s3Clx9Vq7REXMIiFL6LV
 9mAF1egqYP0EyaET
 PI: Date: 2/28/2013 Time: 8:20 am
 EdB7p2iApxdtWIn.roo.8LM7.Yk:z1
 TPFrB0NrRhq9HJpDfbQMRYPtageIDP
 AZobcluv330wRA3N

(Signed)

Officer or Administrator of Provider(s)

Title

Date

[Handwritten Signature]
 2/28/13

	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	532,126	-37,252	0	0	1.00
2.00 Subprovider - IPF	0	-1	1		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	1	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	532,126	-37,251	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: 140054

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

Worksheet S-2
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

	1.00	2.00	3.00	4.00	
1.00	Hospital and Hospital Health Care Complex Address:				1.00
2.00	Street: 3249 SOUTH OAK PARK AVENUE	PO Box:	State: IL	Zip Code: 60402	2.00
	City: BERWYN			County: COOK	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MACNEAL HOSPITAL	140054	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MACNEAL PSYCH UNIT	145054	16974	4	10/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	M.H. TRANSITIONAL CARE UNIT	145848	16974		10/01/1995	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MACNEAL HOME HEALTH	147285	16974		10/01/1984	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	20.00
21.00	Type of Control (see instructions)	10/01/2011	09/30/2012	21.00
			6	

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	18,933	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	25.00

	Urban/Rural	Date of Geogr	
1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0	35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 12:49 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.			V 1.00	XVIII 2.00	XIX 3.00
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	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)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.70	28.06		0.024339	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140054

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

Worksheet S-2
Part I
Date/Time Prepared:
2/27/2013 12:49 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	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	6.24	28.31	0.180608	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.19	24.86	0.007585	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.	FAMILY MEDICINE	1350	10.58	49.88	0.174992	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140054

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

Worksheet 5-2
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

		1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			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)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	N		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	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.				109.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 12:49 pm		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,367,714	0	0		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	44H108		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: VANGUARD HLTH SYSTEMS	Contractor's Name: CAHABA GBA		Contractor's Number: 10101		141.00
142.00	Street: 20 BURTON HILLS BLVD, SUITE 100	PO Box:				142.00
143.00	City: NASHVILLE	State: AL		Zip Code: 35242		143.00
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
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 12:49 pm
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	1.00	
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Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N 165.00

	Name	County	State	Zip Code	CBSA	FTE/Campus	
	0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	166.00

	1.00	
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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)	0 168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00 169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	06/30/2012
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Y/N	Date	
		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)	Y	01/08/2013	16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

	Description	Part A			
		Y/N	Date		
	0	1.00	2.00		
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 relifed for Medicare purposes? If yes, see instructions	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	were new leases and/or amendmets to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			27.00
Interest Expense					
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	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.	Y			35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	Y	06/30/2012		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.	ZEBIA	NELSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO. INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	410 480 8498	ZEBNELSON@AOL.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)	Y	01/08/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT		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: 140054

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

worksheet 5-3
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	227	83,082	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF Subprovider					3.00
4.00 HMO IRF Subprovider					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		227	83,082	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		244	89,304	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,150		16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	40	14,640		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
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		309			27.00
28.00 Observation Bed Days					28.00
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	17,107	18,933	53,367	1.00	
2.00 HMO		6,661	0		2.00	
3.00 HMO IPF Subprovider		0	0		3.00	
4.00 HMO IRF Subprovider		0	0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	17,107	18,933	53,367	7.00	
8.00 INTENSIVE CARE UNIT	0	2,179	0	4,648	8.00	
9.00 CORONARY CARE UNIT					9.00	
10.00 BURN INTENSIVE CARE UNIT					10.00	
11.00 SURGICAL INTENSIVE CARE UNIT					11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00	
13.00 NURSERY	0		0	4,358	13.00	
14.00 Total (see instructions)	0	19,286	18,933	62,373	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF	0	5,706	0	7,742	16.00	
17.00 SUBPROVIDER - IRF					17.00	
18.00 SUBPROVIDER					18.00	
19.00 SKILLED NURSING FACILITY	0	7,787	0	12,475	19.00	
20.00 NURSING FACILITY					20.00	
21.00 OTHER LONG TERM CARE					21.00	
22.00 HOME HEALTH AGENCY	0	16,051	0	54,274	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE					24.00	
25.00 CMHC - CMHC					25.00	
26.00 RURAL HEALTH CLINIC					26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25	
27.00 Total (sum of lines 14-26)					27.00	
28.00 Observation Bed Days	0		0	3,281	28.00	
29.00 Ambulance Trips		0			29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			0	0	32.00	
33.00 LTCH non-covered days		0			33.00	

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,247	1.00
2.00 HMO					0	2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	74.15	1,485.54	0.00	0	4,247	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.48	37.06	0.00	0	689	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	49.01	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	43.51	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	74.63	1,615.12	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

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)	3,729	14,944		1.00
2.00 HMO				2.00
3.00 HMO IPF Subprovider				3.00
4.00 HMO IRF Subprovider				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
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)	3,729	14,944		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	995		16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

	worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	103,765,645	0	103,765,645	3,359,449.00	30.89
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	5,409,801	55,339	5,465,140	175,923.00	31.07
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	2,705,304	0	2,705,304	101,947.00	26.54
10.00	Excluded area salaries (see instructions)		10,302,064	-59,972	10,242,092	259,786.00	39.43
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		674,817	0	674,817	21,658.00	31.16
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		221,313	0	221,313	1,723.00	128.45
14.00	Home office salaries & wage-related costs		2,298,507	0	2,298,507	34,014.00	67.58
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		16,560,060	0	16,560,060		17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		96,219	0	96,219		18.00
19.00	Excluded areas		937,754	0	937,754		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)		25,493	0	25,493		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,673,111	-209,596	1,463,515	35,876.00	40.79
27.00	Administrative & General	5.00	17,022,261	2,029,237	19,051,498	599,501.00	31.78
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	155,746	0	155,746	6,443.00	24.17
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	511,988	0	511,988	31,370.00	16.32
32.00	Housekeeping	9.00	1,976,900	0	1,976,900	154,265.00	12.81
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,175,514	0	2,175,514	143,430.00	15.17
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,738,113	0	1,738,113	45,631.00	38.09
39.00	Central Services and Supply	14.00	333,331	0	333,331	23,167.00	14.39
40.00	Pharmacy	15.00	2,340,463	0	2,340,463	58,258.00	40.17
41.00	Medical Records & Medical Records Library	16.00	3,809,024	-1,758,864	2,050,160	85,200.00	24.06

Provider CCN: 140054

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

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2013 12:49 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	0	0	0	0.00	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140054

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

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2013 12:49 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	98,355,844	-55,339	98,300,505	3,183,526.00	30.88	1.00
2.00	Excluded area salaries (see instructions)	13,007,368	-59,972	12,947,396	361,733.00	35.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	85,348,476	4,633	85,353,109	2,821,793.00	30.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,194,637	0	3,194,637	57,395.00	55.66	4.00
5.00	Subtotal wage-related costs (see inst.)	16,656,279	0	16,656,279	0.00	19.51	5.00
6.00	Total (sum of lines 3 thru 5)	105,199,392	4,633	105,204,025	2,879,188.00	36.54	6.00
7.00	Total overhead cost (see instructions)	31,736,451	60,777	31,797,228	1,183,141.00	26.88	7.00

Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2013 12:49 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401k Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	127,840	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	7,755,342	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	313,689	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	101,211	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	423,289	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	-123,462	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	1,475,846	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	5,000,281	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	1,012,845	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	473,179	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,560,060	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	96,219	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140054

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

worksheet 5-3
Part V
Date/Time Prepared:
2/27/2013 12:49 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	1,614,324	17,619,526	1.00
2.00	Hospital	1,456,680	16,681,274	2.00
3.00	Subprovider - IPF	0	532	3.00
4.00	Subprovider - IRF			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	-771	231	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	158,415	937,489	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 140054 Component CCN: 147285	Period: From 10/01/2011 To 09/30/2012	worksheet S-4 Date/Time Prepared: 2/27/2013 12:49 pm
		Home Health Agency I	PPS

0.00	County	Title V 1.00	Title XVIII 2.00	Title XIX 3.00	Other 4.00	Total 5.00	COOK	1.00	0.00
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1.00	HOME HEALTH AGENCY STATISTICAL DATA	0	479	0	0	479	1.00		
2.00	Home Health Aide Hours	0.00	3,450.00	0.00	3,799.00	0.00	2.00		
2.00	Unduplicated Census Count (see instructions)								

		Number of Employees (Full Time Equivalent)		
		Staff	Contract	Total
Enter the number of hours in your normal work week				
		0	1.00	2.00
				3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	0.00	1.00	0.00	1.00	3.00			
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00			
5.00	Other Administrative Personnel		23.37	1.25	24.62	5.00			
6.00	Direct Nursing Service		8.50	0.00	8.50	6.00			
7.00	Nursing Supervisor		0.80	0.00	0.80	7.00			
8.00	Physical Therapy Service		8.20	0.00	8.20	8.00			
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00			
10.00	Occupational Therapy Service		0.28	0.00	0.28	10.00			
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00			
12.00	Speech Pathology Service		0.00	0.00	0.00	12.00			
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00			
14.00	Medical Social Service		0.23	0.00	0.23	14.00			
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00			
16.00	Home Health Aide		0.23	0.00	0.23	16.00			
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00			
18.00	Other (specify)		0.00	0.00	0.00	18.00			

HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1					19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16974						20.00

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		without outliers	with outliers			
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	9,015	208	596	222	10,041	21.00		
22.00	Skilled Nursing Visit Charges	1,622,742	37,440	107,280	39,960	1,807,422	22.00		
23.00	Physical Therapy Visits	4,447	7	43	126	4,623	23.00		
24.00	Physical Therapy Visit Charges	876,042	1,379	8,471	24,822	910,714	24.00		
25.00	Occupational Therapy Visits	1,055	7	6	28	1,096	25.00		
26.00	Occupational Therapy Visit Charges	207,818	1,379	1,182	5,516	215,895	26.00		
27.00	Speech Pathology Visits	10	0	0	0	10	27.00		
28.00	Speech Pathology Visit Charges	2,130	0	0	0	2,130	28.00		
29.00	Medical Social Service Visits	204	1	8	7	220	29.00		
30.00	Medical Social Service Visit Charges	58,752	288	2,304	2,016	63,360	30.00		
31.00	Home Health Aide Visits	61	0	0	0	61	31.00		
32.00	Home Health Aide Visit Charges	5,002	0	0	0	5,002	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,792	223	653	383	16,051	33.00		
34.00	Other Charges	0	0	0	0	0	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,772,486	40,486	119,237	72,314	3,004,523	35.00		
36.00	Total Number of Episodes (standard/non outlier)	0	0	0	0	0	36.00		
37.00	Total Number of Outlier Episodes	0	0	0	0	0	37.00		
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00		

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140054

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

Worksheet S-7

Date/Time Prepared:
2/27/2013 12:49 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	176	0	176	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	414	0	414	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	263	0	263	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	28	0	28	12.00
13.00	RUB	70	0	70	13.00
14.00	RUA	80	0	80	14.00
15.00	RVC	11	0	11	15.00
16.00	RVB	811	0	811	16.00
17.00	RVA	1,285	0	1,285	17.00
18.00	RHC	69	0	69	18.00
19.00	RHB	1,073	0	1,073	19.00
20.00	RHA	1,465	0	1,465	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	420	0	420	22.00
23.00	RMA	720	0	720	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	14	0	14	27.00
28.00	ES1	127	0	127	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	38	0	38	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	300	0	300	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	8	0	8	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	31	0	31	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	25	0	25	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	53	0	53	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	183	0	183	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	61	0	61	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	2	0	2	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	4	0	4	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140054

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

Worksheet S-7

Date/Time Prepared:
2/27/2013 12:49 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	3	0	3	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	32	0	32	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	7	0	7	78.00
199.00		AAA	14	0	14	199.00
200.00	TOTAL		7,787	0	7,787	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (worksheet G-2, Part I, line 7, column 3)		9,970,407			207.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140054

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

worksheet 5-7

Date/Time Prepared:
2/27/2013 12:49 pm

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

	Group	SNF Days	Swing Bed Days	SNF	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00		4.00	
3.00	RUX	0	0	0	0	3.00
4.00	RUL	0	0	0	0	4.00
5.00	RVX	0	0	0	0	5.00
6.00	RVL	176	0	0	176	6.00
7.00	RHX	0	0	0	0	7.00
8.00	RHL	414	0	0	414	8.00
9.00	RMX	0	0	0	0	9.00
10.00	RML	263	0	0	263	10.00
11.00	RLX	0	0	0	0	11.00
12.00	RUC	28	0	0	28	12.00
13.00	RUB	70	0	0	70	13.00
14.00	RUA	80	0	0	80	14.00
15.00	RVC	11	0	0	11	15.00
16.00	RVB	811	0	0	811	16.00
17.00	RVA	1,285	0	0	1,285	17.00
18.00	RHC	69	0	0	69	18.00
19.00	RHB	1,073	0	0	1,073	19.00
20.00	RHA	1,465	0	0	1,465	20.00
21.00	RMC	0	0	0	0	21.00
22.00	RMB	420	0	0	420	22.00
23.00	RMA	720	0	0	720	23.00
24.00	RLB	0	0	0	0	24.00
25.00	RLA	0	0	0	0	25.00
26.00	ES3	0	0	0	0	26.00
27.00	ES2	14	0	0	14	27.00
28.00	ES1	127	0	0	127	28.00
29.00	HE2	0	0	0	0	29.00
30.00	HE1	0	0	0	0	30.00
31.00	HD2	0	0	0	0	31.00
32.00	HD1	0	0	0	0	32.00
33.00	HC2	0	0	0	0	33.00
34.00	HC1	38	0	0	38	34.00
35.00	HB2	0	0	0	0	35.00
36.00	HB1	300	0	0	300	36.00
37.00	LE2	0	0	0	0	37.00
38.00	LE1	0	0	0	0	38.00
39.00	LD2	0	0	0	0	39.00
40.00	LD1	8	0	0	8	40.00
41.00	LC2	0	0	0	0	41.00
42.00	LC1	31	0	0	31	42.00
43.00	LB2	0	0	0	0	43.00
44.00	LB1	25	0	0	25	44.00
45.00	CE2	0	0	0	0	45.00
46.00	CE1	0	0	0	0	46.00
47.00	CD2	0	0	0	0	47.00
48.00	CD1	0	0	0	0	48.00
49.00	CC2	0	0	0	0	49.00
50.00	CC1	53	0	0	53	50.00
51.00	CB2	0	0	0	0	51.00
52.00	CB1	183	0	0	183	52.00
53.00	CA2	0	0	0	0	53.00
54.00	CA1	61	0	0	61	54.00
55.00	SE3	0	0	0	0	55.00
56.00	SE2	0	0	0	0	56.00
57.00	SE1	0	0	0	0	57.00
58.00	SSC	0	0	0	0	58.00
59.00	SSB	0	0	0	0	59.00
60.00	SSA	0	0	0	0	60.00
61.00	IB2	0	0	0	0	61.00
62.00	IB1	0	0	0	0	62.00
63.00	IA2	0	0	0	0	63.00
64.00	IA1	0	0	0	0	64.00
65.00	BB2	0	0	0	0	65.00
66.00	BB1	2	0	0	2	66.00
67.00	BA2	0	0	0	0	67.00
68.00	BA1	4	0	0	4	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140054

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

worksheet S-7

Date/Time Prepared:
2/27/2013 12:49 pm

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	3	0	3	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	32	0	32	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	7	0	7	78.00
199.00	AAA	14	0	14	199.00
200.00	TOTAL	7,787	0	7,787	200.00

CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
1.00	2.00

201.00 **SNF SERVICES**
Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 16974 201.00

Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (worksheet G-2, Part I, line 7, column 3)	9,970,407		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140054

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

worksheet S-10

Date/Time Prepared:
2/27/2013 12:49 pm

		1.00		
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.175536	1.00	
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	18,731,500	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	2,774,101	5.00	
6.00	Medicaid charges	163,578,416	6.00	
7.00	Medicaid cost (line 1 times line 6)	28,713,901	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)	7,208,300	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	16,773,940	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	7,208,300	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	9,637,316	29,068	9,666,384
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,691,696	5,102	1,696,798
22.00	Partial payment by patients approved for charity care	35,792	0	35,792
23.00	Cost of charity care (line 21 minus line 22)	1,655,904	5,102	1,661,006
		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)	43,628,014		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,475,964		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	42,152,050		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	7,399,202		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	9,060,208		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	16,268,508		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

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

Worksheet A

Date/Time Prepared:
2/27/2013 12:49 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	
GENERAL SERVICE COST CENTERS							
1.00	00100		0	0	6,670,474	6,670,474	1.00
2.00	00200		0	0	10,725,051	10,725,051	2.00
4.00	00400	1,673,111	17,125,534	18,798,645	-422,042	18,376,603	4.00
5.00	00500	17,022,261	58,825,776	75,848,037	-12,135,400	63,712,637	5.00
6.00	00600	155,746	2,280,376	2,436,122	-425,099	2,011,023	6.00
8.00	00800	511,988	319,698	831,686	130,599	962,285	8.00
9.00	00900	1,976,900	712,728	2,689,628	-20,604	2,669,024	9.00
10.00	01000	2,175,514	1,142,603	3,318,117	-6,413	3,311,704	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	1,738,113	516,529	2,254,642	-2,844	2,251,798	13.00
14.00	01400	333,331	244,524	577,855	388,091	965,946	14.00
15.00	01500	2,340,463	5,149,183	7,489,646	-2,603,959	4,885,687	15.00
16.00	01600	3,809,024	599,610	4,408,634	-1,997,167	2,411,467	16.00
21.00	02100	5,409,801	0	5,409,801	55,339	5,465,140	21.00
22.00	02200	0	1,569,651	1,569,651	-3,150	1,566,501	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,530,976	2,158,190	20,689,166	-1,009,096	19,680,070	30.00
31.00	03100	3,609,513	707,966	4,317,479	-439,096	3,878,383	31.00
40.00	04000	2,535,691	164,238	2,699,929	-23,922	2,676,007	40.00
43.00	04300	1,117,500	511,348	1,628,848	-109,828	1,519,020	43.00
44.00	04400	2,705,304	291,773	2,997,077	-144,050	2,853,027	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,284,176	12,162,565	16,446,741	-6,247,719	10,199,022	50.00
51.00	05100	771,346	75,777	847,123	-56,809	790,314	51.00
52.00	05200	1,587,544	1,656,385	3,243,929	-158,287	3,085,642	52.00
53.00	05300	426,558	1,144,357	1,570,915	-782,641	788,274	53.00
54.00	05400	2,278,520	1,193,182	3,471,702	-396,807	3,074,895	54.00
56.00	05600	261,195	394,616	655,811	-7,072	648,739	56.00
56.01	03630	850,333	71,717	922,050	-7,183	914,867	56.01
56.02	03440	751,721	271,073	1,022,794	-157,017	865,777	56.02
57.00	05700	665,799	669,041	1,334,840	-419,679	915,161	57.00
58.00	05800	628,557	461,648	1,090,205	-742	1,089,463	58.00
59.00	05900	787,533	4,524,711	5,312,244	-3,132,001	2,180,243	59.00
59.01	05901	1,703,254	984,739	2,687,993	-273,507	2,414,486	59.01
60.00	06000	2,533,076	3,581,651	6,114,727	-1,650	6,113,077	60.00
63.00	06300	0	1,050,532	1,050,532	0	1,050,532	63.00
65.00	06500	1,141,587	393,511	1,535,098	-167,556	1,367,542	65.00
66.00	06600	2,459,987	149,548	2,609,535	-21,923	2,587,612	66.00
66.01	06601	771,223	8,520	779,743	0	779,743	66.01
68.00	06800	118,043	58,310	176,353	-56,549	119,804	68.00
69.00	06900	615,047	368,733	983,780	-19,230	964,550	69.00
69.01	06901	222,914	14,801	237,715	-1,467	236,248	69.01
71.00	07100	0	0	0	3,755,948	3,755,948	71.00
72.00	07200	0	0	0	8,042,493	8,042,493	72.00
73.00	07300	0	0	0	4,032,877	4,032,877	73.00
74.00	07400	0	520,918	520,918	222	521,140	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	5,218,907	1,462,105	6,681,012	-549,224	6,131,788	91.00
91.01	09101	1,829,079	2,412,069	4,241,148	-529,597	3,711,551	91.01
91.02	09102	277,248	12,254	289,502	-780	288,722	91.02
91.03	09103	170,389	106,095	276,484	-101,479	175,005	91.03
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	5,370,611	2,056,542	7,427,153	-332,476	7,094,677	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		101,369,883	128,125,127	229,495,010	1,037,029	230,532,039	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	3,197	3,197	0	3,197	190.00
191.00	19100	334	139	473	-56	417	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	381,800	1,565,096	1,946,896	-736,039	1,210,857	194.00
194.01	07951	1,783,413	723,648	2,507,061	-299,263	2,207,798	194.01
194.02	07952	230,215	46,034	276,249	-333	275,916	194.02
194.03	07953	0	1,339	1,339	-1,338	1	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00		103,765,645	130,464,580	234,230,225	0	234,230,225	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

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

Worksheet A
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	331,054	7,001,528	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,505,991	8,219,060	2.00
4.00	00400	EMPLOYEE BENEFITS	-1,651,008	16,725,595	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-31,064,425	32,648,212	5.00
6.00	00600	MAINTENANCE & REPAIRS	-196,291	1,814,732	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-21,617	940,668	8.00
9.00	00900	HOUSEKEEPING	-10,000	2,659,024	9.00
10.00	01000	DIETARY	-678,529	2,633,175	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-242,593	2,009,205	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	965,946	14.00
15.00	01500	PHARMACY	-3,830	4,881,857	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-47,212	2,364,255	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,465,140	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-331,896	1,234,605	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-284,973	19,395,097	30.00
31.00	03100	INTENSIVE CARE UNIT	-49,006	3,829,377	31.00
40.00	04000	SUBPROVIDER - IPF	-31,842	2,644,165	40.00
43.00	04300	NURSERY	-364,585	1,154,435	43.00
44.00	04400	SKILLED NURSING FACILITY	-22,084	2,830,943	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-690,110	9,508,912	50.00
51.00	05100	RECOVERY ROOM	0	790,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,339,112	1,746,530	52.00
53.00	05300	ANESTHESIOLOGY	-8,102	780,172	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,679	3,069,216	54.00
56.00	05600	RADIOISOTOPE	0	648,739	56.00
56.01	03630	ULTRA SOUND	0	914,867	56.01
56.02	03440	MAMMOGRAPHY	0	865,777	56.02
57.00	05700	CT SCAN	0	915,161	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,089,463	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,180,243	59.00
59.01	05901	GASTRO INTESTINAL	-144	2,414,342	59.01
60.00	06000	LABORATORY	-613	6,112,464	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,050,532	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,367,542	65.00
66.00	06600	PHYSICAL THERAPY	0	2,587,612	66.00
66.01	06601	TCU REHAB	0	779,743	66.01
68.00	06800	SPEECH PATHOLOGY	0	119,804	68.00
69.00	06900	ELECTROCARDIOLOGY	-336,838	627,712	69.00
69.01	06901	CARDIAC HEHAB	0	236,248	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,755,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,042,493	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,032,877	73.00
74.00	07400	RENAL DIALYSIS	0	521,140	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-298,559	5,833,229	91.00
91.01	09101	FAMILY PRACTICES	-1,400,532	2,311,019	91.01
91.02	09102	PSYCH DAY HOSPITAL	-1,141	287,581	91.02
91.03	09103	WOUND CARE	0	175,005	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-92,643	7,002,034	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-41,348,301	189,183,738	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,197	190.00
191.00	19100	RESEARCH	0	417	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	1,210,857	194.00
194.01	07951	MACNEAL SCHOOL	0	2,207,798	194.01
194.02	07952	COMMUNITY RELATIONS	0	275,916	194.02
194.03	07953	RETAIL PHARMACY	0	1	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	194.04
194.05	07955	CATERED MEALS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-41,348,301	192,881,924	200.00

Increases					
	Cost Center	Line #	Salary	other	
	2.00	3.00	4.00	5.00	
A - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,220,894	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	9,054	2.00
	TOTALS		0	1,229,948	
B - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,089,963	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,003,683	2.00
	TOTALS		0	14,093,646	
C - RENTALS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,359,617	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	721,368	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	276,315	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
	TOTALS		0	2,357,300	
D - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,032,877	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,193	3.00
4.00	CARDIAC HEHAB	69.01	0	6	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
	TOTALS		0	4,034,077	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,755,948	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	577,997	2.00
3.00	RENAL DIALYSIS	74.00	0	222	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

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
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
TOTALS			0	4,334,167		
F - INTERNS RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	55,339	0		1.00
2.00	MACNEAL SCHOOL	194.01	805	0		2.00
	TOTALS		56,144	0		
G - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,042,493		1.00
2.00	PHARMACY	15.00	0	219		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
	TOTALS		0	8,042,712		
H - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	131,204		1.00
2.00	LABORATORY	60.00	0	11		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
	TOTALS		0	131,215		

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
I - CHICAGO MARKET CHARGEBACKS					
1.00	ADMINISTRATIVE & GENERAL	5.00	3,477,405	1,629,572	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
TOTALS			3,477,405	1,629,572	
J - REGIONAL EXPENSES					
1.00	EMPLOYEE BENEFITS	4.00	118,046	91,571	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,312,370	184,653	2.00
3.00	RESEARCH	191.00	0	19	3.00
4.00	MARKETING	194.00	17,752	196,307	4.00
TOTALS			1,448,168	472,550	
500.00	Grand Total: Increases		4,981,717	36,325,187	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PROPERTY TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	775,944	13		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	454,004	0		2.00
	TOTALS		0	1,229,948			
B - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,928,802	9		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	164,844	9		2.00
	TOTALS		0	14,093,646			
C - RENTALS							
1.00	EMPLOYEE BENEFITS	4.00	0	3,712	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	613,288	10		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	600	0		3.00
4.00	DIETARY	10.00	0	6,085	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	191,099	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	481	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	49,369	0		7.00
8.00	NURSERY	43.00	0	287	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	200	0		9.00
10.00	OPERATING ROOM	50.00	0	176,333	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	138,674	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,991	0		12.00
13.00	CT SCAN	57.00	0	380,980	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	117,404	0		14.00
15.00	FAMILY PRACTICES	91.01	0	90,857	0		15.00
16.00	PSYCH DAY HOSPITAL	91.02	0	780	0		16.00
17.00	WOUND CARE	91.03	0	67,464	0		17.00
18.00	HOME HEALTH AGENCY	101.00	0	113,856	0		18.00
19.00	MACNEAL SCHOOL	194.01	0	299,840	0		19.00
	TOTALS		0	2,357,300			
D - CHARGEABLE DRUGS							
1.00	EMPLOYEE BENEFITS	4.00	0	43,777	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	8	0		2.00
3.00	HOUSEKEEPING	9.00	0	56	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	26	0		4.00
5.00	PHARMACY	15.00	0	2,572,372	0		5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	3,149	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	197,203	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	51,842	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	1,642	0		9.00
10.00	NURSERY	43.00	0	41,861	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	14,921	0		11.00
12.00	OPERATING ROOM	50.00	0	102,609	0		12.00
13.00	RECOVERY ROOM	51.00	0	7,476	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	44,498	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	353,341	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,899	0		16.00
17.00	RADIOISOTOPE	56.00	0	2,735	0		17.00
18.00	ULTRA SOUND	56.01	0	300	0		18.00
19.00	MAMMOGRAPHY	56.02	0	2,742	0		19.00
20.00	CT SCAN	57.00	0	5,844	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,210	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	13,595	0		22.00
23.00	GASTRO INTESTINAL	59.01	0	37,940	0		23.00
24.00	LABORATORY	60.00	0	64	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	1,675	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	1,001	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	1,274	0		27.00
28.00	WOUND CARE	91.03	0	4,297	0		28.00
29.00	EMERGENCY	91.00	0	164,131	0		29.00
30.00	FAMILY PRACTICES	91.01	0	300,494	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	52,751	0		31.00
32.00	MACNEAL SCHOOL	194.01	0	6	0		32.00
33.00	RETAIL PHARMACY	194.03	0	1,338	0		33.00
	TOTALS		0	4,034,077			
E - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	2,211	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,626	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,899	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	5	0		4.00
5.00	HOUSEKEEPING	9.00	0	14,386	0		5.00
6.00	DIETARY	10.00	0	35	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	2,818	0		7.00

RECLASSIFICATIONS

Provider CCN: 140054

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

Worksheet A-6

Date/Time Prepared:
2/27/2013 12:49 pm

		Decreases			wkst. A-7 Ref.		
Cost Center	Line #	Salary	Other	10.00			
6.00	7.00	8.00	9.00				
8.00	PHARMACY	15.00	0	31,593	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	4	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	773,253	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	333,210	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	16,697	0		12.00
13.00	NURSERY	43.00	0	67,480	0		13.00
14.00	SKILLED NURSING FACILITY	44.00	0	122,144	0		14.00
15.00	OPERATING ROOM	50.00	0	1,155,480	0		15.00
16.00	RECOVERY ROOM	51.00	0	49,272	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	113,029	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	286,613	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	132,233	0		19.00
20.00	RADIOISOTOPE	56.00	0	4,337	0		20.00
21.00	ULTRA SOUND	56.01	0	4,694	0		21.00
22.00	MAMMOGRAPHY	56.02	0	154,275	0		22.00
23.00	CT SCAN	57.00	0	32,802	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,190	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	60,942	0		25.00
26.00	GASTRO INTESTINAL	59.01	0	219,122	0		26.00
27.00	LABORATORY	60.00	0	1,597	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	48,477	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	19,789	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	56,549	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	17,800	0		31.00
32.00	CARDIAC HEHAB	69.01	0	1,473	0		32.00
33.00	EMERGENCY	91.00	0	378,439	0		33.00
34.00	FAMILY PRACTICES	91.01	0	23,585	0		34.00
35.00	WOUND CARE	91.03	0	29,684	0		35.00
36.00	HOME HEALTH AGENCY	101.00	0	165,869	0		36.00
37.00	MACNEAL SCHOOL	194.01	0	222	0		37.00
38.00	COMMUNITY RELATIONS	194.02	0	333	0		38.00
TOTALS			0	4,334,167			
F - INTERNS RESIDENTS							
1.00	FAMILY PRACTICES	91.01	56,144	0	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			56,144	0	0		
G - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	4,766,611	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	3,961	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	143,975	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,055,039	0		4.00
5.00	GASTRO INTESTINAL	59.01	0	13,418	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	1,133	0		6.00
7.00	EMERGENCY	91.00	0	1,393	0		7.00
8.00	FAMILY PRACTICES	91.01	0	57,182	0		8.00
TOTALS			0	8,042,712			
H - LINEN							
1.00	HOUSEKEEPING	9.00	0	6,162	0		1.00
2.00	DIETARY	10.00	0	293	0		2.00
3.00	PHARMACY	15.00	0	213	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	38,159	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	4,675	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	5,583	0		7.00
8.00	NURSERY	43.00	0	200	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	6,785	0		9.00
10.00	OPERATING ROOM	50.00	0	46,686	0		10.00
11.00	RECOVERY ROOM	51.00	0	61	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	760	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	52	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,709	0		14.00
15.00	ULTRA SOUND	56.01	0	2,189	0		15.00
16.00	CT SCAN	57.00	0	53	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	396	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	2,425	0		18.00
19.00	GASTRO INTESTINAL	59.01	0	3,027	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	156	0		20.00
21.00	EMERGENCY	91.00	0	5,261	0		21.00
22.00	FAMILY PRACTICES	91.01	0	1,335	0		22.00
23.00	WOUND CARE	91.03	0	34	0		23.00
TOTALS			0	131,215			

Decreases						wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
I - CHICAGO MARKET CHARGEBACKS							
1.00	EMPLOYEE BENEFITS	4.00	327,642	254,317	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	80,659	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	3,071,234	422,952	0		3.00
4.00	RESEARCH	191.00	0	75	0		4.00
5.00	MARKETING	194.00	78,529	871,569	0		5.00
TOTALS			3,477,405	1,629,572			
J - REGIONAL EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,448,168	472,550	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
TOTALS			1,448,168	472,550			
500.00	Grand Total: Decreases		4,981,717	36,325,187			500.00

	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	0	0	0	0	1.00
2.00	Land Improvements	3,624,969	0	0	0	2.00
3.00	Buildings and Fixtures	122,980,365	944,323	0	944,323	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	184,758,280	5,533,077	0	5,533,077	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	311,363,614	6,477,400	0	6,477,400	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	311,363,614	6,477,400	0	6,477,400	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	127,549,657	0	127,549,657	0.401300	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	190,291,357	0	190,291,357	0.598700	2.00
3.00	Total (sum of lines 1-2)	317,841,014	0	317,841,014	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/27/2013 12:49 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	3,624,969	0		2.00		
3.00	Buildings and Fixtures	123,924,688	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	190,291,357	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	317,841,014	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	317,841,014	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	CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,818,791	1,359,617	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,470,721	721,368	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,289,512	2,080,985	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/27/2013 12:49 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)	14.00		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	573,748	47,037	2,202,335	0	7,001,528	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,971	0	0	8,219,060	2.00
3.00	Total (sum of lines 1-2)	573,748	74,008	2,202,335	0	15,220,588	3.00

Line #	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
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-230,879	ADMINISTRATIVE & GENERAL	5.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-5,459,724		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	-19,764,430		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-660,811	DIETARY	10.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts	B	-30,937	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	B	-17,718	DIETARY	10.00 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	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-1,512,517	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-218,450	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	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	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	PATIENT PHONES-DIRECT	A	-270,884	ADMINISTRATIVE & GENERAL	5.00 33.00
33.01	PATIENT PHONES-BENEFITS	A	-7,645	EMPLOYEE BENEFITS	4.00 33.01
33.02	PATIENT PHONES-DEPREC.	A	-2,533	CAP REL COSTS-MVBLE EQUIP	2.00 33.02
33.03	TELEVISION	A	-11,979	CAP REL COSTS-MVBLE EQUIP	2.00 33.03
33.06	CAPITAL INVESTMENT GRANT	B	-2,300,000	CAP REL COSTS-MVBLE EQUIP	2.00 33.06
33.07	OTHER OPERATING REVENUE	B	-90	EMPLOYEE BENEFITS	4.00 33.07
33.08	RENT INCOME	B	-3,459	ADMINISTRATIVE & GENERAL	5.00 33.08
33.09	OTHER OPERATING REVENUE	B	-470,395	ADMINISTRATIVE & GENERAL	5.00 33.09
33.10	RENT INCOME	B	-198,642	MAINTENANCE & REPAIRS	6.00 33.10
33.11	OTHER OPERATING REVENUE	B	-21,617	LAUNDRY & LINEN SERVICE	8.00 33.11
33.12	FIRST PHOTO BABY PICTURES	B	-4,585	NURSERY	43.00 33.12
33.13	OTHER OPERATING REVENUE	B	-200	OPERATING ROOM	50.00 33.13
33.14	OTHER OPERATING REVENUE	B	-278	RADIOLOGY-DIAGNOSTIC	54.00 33.14
33.15	OTHER OPERATING REVENUE	B	-384	LABORATORY	60.00 33.15
33.16	OTHER OPERATING REVENUE	B	-9	ELECTROCARDIOLOGY	69.00 33.16
33.17	OTHER OPERATING REVENUE	B	-125,241	FAMILY PRACTICES	91.01 33.17
33.18	OTHER OPERATING REVENUE	B	-1,802	HOME HEALTH AGENCY	101.00 33.18
33.19	INTEREST INCOME	B	-12,085	ADMINISTRATIVE & GENERAL	5.00 33.19
33.20	ADVERTISING	A	-4,137	ADMINISTRATIVE & GENERAL	5.00 33.20
33.21	ADVERTISING	A	-423	ADULTS & PEDIATRICS	30.00 33.21
33.22	ADVERTISING	A	-144	DELIVERY ROOM & LABOR ROOM	52.00 33.22
33.23	ADVERTISING	A	-900	FAMILY PRACTICES	91.01 33.23

ADJUSTMENTS TO EXPENSES

Provider CCN: 140054

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

Worksheet A-8

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00 2.00 3.00	4.00
33.24 OTHER OPERATING EXPENSES	A	-128,322	ADMINISTRATIVE & GENERAL	5.00 33.24
33.25 OTHER OPERATING EXPENSES	A	-1,852	NURSING ADMINISTRATION	13.00 33.25
33.26 OTHER OPERATING EXPENSES	A	-80	PHARMACY	15.00 33.26
33.27 OTHER OPERATING EXPENSES	A	-16,275	MEDICAL RECORDS & LIBRARY	16.00 33.27
33.28 OTHER OPERATING EXPENSES	A	-2,397	ADULTS & PEDIATRICS	30.00 33.28
33.29 OTHER OPERATING EXPENSES	A	-171	INTENSIVE CARE UNIT	31.00 33.29
33.30 OTHER OPERATING EXPENSES	A	-128	SUBPROVIDER - IPF	40.00 33.30
33.31 OTHER OPERATING EXPENSES	A	-2,217	SKILLED NURSING FACILITY	44.00 33.31
33.32 OTHER OPERATING EXPENSES	A	-1,639	OPERATING ROOM	50.00 33.32
33.33 OTHER OPERATING EXPENSES	A	-2,656	RADIOLOGY-DIAGNOSTIC	54.00 33.33
33.34 OTHER OPERATING EXPENSES	A	-111	GASTRO INTESTINAL	59.01 33.34
33.35 OTHER OPERATING EXPENSES	A	-229	LABORATORY	60.00 33.35
33.36 OTHER OPERATING EXPENSES	A	-702	EMERGENCY	91.00 33.36
33.37 OTHER OPERATING EXPENSES	A	-6,679	FAMILY PRACTICES	91.01 33.37
33.38 PHYSICIAN RECRUITMENT	A	-48,474	ADMINISTRATIVE & GENERAL	5.00 33.38
33.39 PHYSICIAN RECRUITMENT	A	-8,160	EMPLOYEE BENEFITS	4.00 33.39
33.40 NON-ALLOWABLE MEALS	A	-25,097	ADMINISTRATIVE & GENERAL	5.00 33.40
33.41 NON-ALLOWABLE MEALS	A	-17,518	NURSING ADMINISTRATION	13.00 33.41
33.42 NON-ALLOWABLE MEALS	A	-219	ADULTS & PEDIATRICS	30.00 33.42
33.43 NON-ALLOWABLE MEALS	A	-216	FAMILY PRACTICES	91.01 33.43
33.44 NON-ALLOWABLE TRAVEL	A	-60,281	ADMINISTRATIVE & GENERAL	5.00 33.44
33.45 NON-ALLOWABLE TRAVEL	A	-384	INTENSIVE CARE UNIT	31.00 33.45
33.47 NON-ALLOWABLE TRAVEL	A	-8,469	FAMILY PRACTICES	91.01 33.47
33.48 DUES & SUBSCRIPTIONS	A	-32,104	ADMINISTRATIVE & GENERAL	5.00 33.48
33.49 DUES & SUBSCRIPTIONS	A	-2,450	NURSING ADMINISTRATION	13.00 33.49
33.50 DUES & SUBSCRIPTIONS	A	-1,832	FAMILY PRACTICES	91.01 33.50
33.51 LOBBYING DUES	A	-71,963	ADMINISTRATIVE & GENERAL	5.00 33.51
33.52 PURCHASED SERVICES	A	-58,602	ADMINISTRATIVE & GENERAL	5.00 33.52
33.53 PURCHASED SERVICES	A	-10,000	HOUSEKEEPING	9.00 33.53
33.54 PURCHASED SERVICES	A	-2,338	HOME HEALTH AGENCY	101.00 33.54
33.55 DONATIONS & CONTRIBUTIONS	A	-106,216	ADMINISTRATIVE & GENERAL	5.00 33.55
33.56 PATIENT TRANSPORTATION	A	-36	EMPLOYEE BENEFITS	4.00 33.56
33.57 PATIENT TRANSPORTATION	A	-16,056	ADMINISTRATIVE & GENERAL	5.00 33.57
33.58 PATIENT TRANSPORTATION	A	-1,828	NURSING ADMINISTRATION	13.00 33.58
33.59 PATIENT TRANSPORTATION	A	-88	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.59
33.60 PATIENT TRANSPORTATION	A	-6,614	ADULTS & PEDIATRICS	30.00 33.60
33.61 PATIENT TRANSPORTATION	A	-1,619	SUBPROVIDER - IPF	40.00 33.61
33.62 PATIENT TRANSPORTATION	A	-15	SKILLED NURSING FACILITY	44.00 33.62
33.63 PATIENT TRANSPORTATION	A	-95	DELIVERY ROOM & LABOR ROOM	52.00 33.63
33.64 PATIENT TRANSPORTATION	A	-33	GASTRO INTESTINAL	59.01 33.64
33.65 PATIENT TRANSPORTATION	A	-26	ELECTROCARDIOLOGY	69.00 33.65
33.66 PATIENT TRANSPORTATION	A	-9,517	EMERGENCY	91.00 33.66
33.67 PATIENT TRANSPORTATION	A	-5	FAMILY PRACTICES	91.01 33.67
33.68 ALCOHOL & LIQUOR	A	-48	EMPLOYEE BENEFITS	4.00 33.68
33.69 ALCOHOL & LIQUOR	A	-5,063	ADMINISTRATIVE & GENERAL	5.00 33.69
33.70 ALCOHOL & LIQUOR	A	-908	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.70
33.71 ALCOHOL & LIQUOR	A	-340	EMERGENCY	91.00 33.71
33.72 EQUITY METHOD INVEST INCOME	A	175,616	ADMINISTRATIVE & GENERAL	5.00 33.72
33.73 NON-PATIENT BAD DEBT EXPENSE	A	164	ADMINISTRATIVE & GENERAL	5.00 33.73
33.74 NON-PATIENT BAD DEBT EXPENSE	A	2,351	MAINTENANCE & REPAIRS	6.00 33.74
33.75 PENALTIES & FINES	A	-713	ADMINISTRATIVE & GENERAL	5.00 33.75
33.76 OFFICE OF PRESIDENT PHYSICIAN	A	-2,861	ADMINISTRATIVE & GENERAL	5.00 33.76
33.77 PHYSICIAN CONTINUING EDUCATION	A	-42,976	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.77
33.78 PHYSICIAN CONTINUING EDUCATION	A	-336	FAMILY PRACTICES	91.01 33.78
33.79 PHYSICIAN INTERVIEW EXP	A	-108	ADMINISTRATIVE & GENERAL	5.00 33.79
33.80 PHYSICIAN RELOCATION EXPENSE	A	-247,878	ADMINISTRATIVE & GENERAL	5.00 33.80
33.81 PHYSICIAN DUES & SUBSCRIPTION	A	-9,223	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.81
33.82 PHYSICIAN DUES & SUBSCRIPTION	A	-3,358	FAMILY PRACTICES	91.01 33.82
33.83 EMPLOYEE BENEFITS	A	-25,903	EMPLOYEE BENEFITS	4.00 33.83
33.84 EMPLOYEE BENEFITS	A	-59,409	ADMINISTRATIVE & GENERAL	5.00 33.84
33.85 FLOWERS (EST. FROM PY \$)	A	-3,000	ADMINISTRATIVE & GENERAL	5.00 33.85
33.86 PROPERTY TAXES TO STATEMENTS	A	981,441	CAP REL COSTS-BLDG & FIXT	1.00 33.86
33.87 LEGAL	A	-92,901	EMPLOYEE BENEFITS	4.00 33.87
33.88 LEGAL	A	-739,811	ADMINISTRATIVE & GENERAL	5.00 33.88
33.89 MEDICAL STAFF RELATIONS	A	-107,758	ADMINISTRATIVE & GENERAL	5.00 33.89

ADJUSTMENTS TO EXPENSES

Provider CCN: 140054

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

Worksheet A-8

Date/Time Prepared:
2/27/2013 12:49 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	
33.90 MEDICAL STAFF RELATIONS	A	-8,897	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.90
33.91 IDPA TAX ASSESSMENT	A	-9,162,570	ADMINISTRATIVE & GENERAL	5.00	33.91
33.92 PURCHASED SERVICES <\$1,000	A	-1,090	EMPLOYEE BENEFITS	4.00	33.92
33.93 PURCHASED SERVICES <\$1,000	A	-1,989	ADMINISTRATIVE & GENERAL	5.00	33.93
33.94 PURCHASED SERVICES <\$1,000	A	-273	ADULTS & PEDIATRICS	30.00	33.94
33.95 PURCHASED SERVICES <\$1,000	A	-102	SKILLED NURSING FACILITY	44.00	33.95
33.96 PURCHASED SERVICES <\$1,000	A	-37	OPERATING ROOM	50.00	33.96
33.97 PURCHASED SERVICES <\$1,000	A	-695	ANESTHESIOLOGY	53.00	33.97
33.98 PURCHASED SERVICES <\$1,000	A	-2,745	RADIOLOGY-DIAGNOSTIC	54.00	33.98
33.99 PURCHASED SERVICES <\$1,000	A	-270	FAMILY PRACTICES	91.01	33.99
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,348,301			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140054

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

Worksheet A-8

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Wkst. A-7 Ref.		
		5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0		1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	9		26.00
27.00	Depreciation - 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	PATIENT PHONES-DIRECT	0		33.00
33.01	PATIENT PHONES-BENEFITS	0		33.01
33.02	PATIENT PHONES-DEPREC.	9		33.02
33.03	TELEVISION	9		33.03
33.06	CAPITAL INVESTMENT GRANT	9		33.06
33.07	OTHER OPERATING REVENUE	0		33.07
33.08	RENT INCOME	0		33.08
33.09	OTHER OPERATING REVENUE	0		33.09
33.10	RENT INCOME	0		33.10
33.11	OTHER OPERATING REVENUE	0		33.11
33.12	FIRST PHOTO BABY PICTURES	0		33.12
33.13	OTHER OPERATING REVENUE	0		33.13
33.14	OTHER OPERATING REVENUE	0		33.14
33.15	OTHER OPERATING REVENUE	0		33.15
33.16	OTHER OPERATING REVENUE	0		33.16
33.17	OTHER OPERATING REVENUE	0		33.17
33.18	OTHER OPERATING REVENUE	0		33.18
33.19	INTEREST INCOME	0		33.19
33.20	ADVERTISING	0		33.20
33.21	ADVERTISING	0		33.21
33.22	ADVERTISING	0		33.22
33.23	ADVERTISING	0		33.23
33.24	OTHER OPERATING EXPENSES	0		33.24
33.25	OTHER OPERATING EXPENSES	0		33.25
33.26	OTHER OPERATING EXPENSES	0		33.26
33.27	OTHER OPERATING EXPENSES	0		33.27
33.28	OTHER OPERATING EXPENSES	0		33.28
33.29	OTHER OPERATING EXPENSES	0		33.29

Cost Center Description	wkst. A-7 Ref.		
	5.00		
33.30 OTHER OPERATING EXPENSES		0	33.30
33.31 OTHER OPERATING EXPENSES		0	33.31
33.32 OTHER OPERATING EXPENSES		0	33.32
33.33 OTHER OPERATING EXPENSES		0	33.33
33.34 OTHER OPERATING EXPENSES		0	33.34
33.35 OTHER OPERATING EXPENSES		0	33.35
33.36 OTHER OPERATING EXPENSES		0	33.36
33.37 OTHER OPERATING EXPENSES		0	33.37
33.38 PHYSICIAN RECRUITMENT		0	33.38
33.39 PHYSICIAN RECRUITMENT		0	33.39
33.40 NON-ALLOWABLE MEALS		0	33.40
33.41 NON-ALLOWABLE MEALS		0	33.41
33.42 NON-ALLOWABLE MEALS		0	33.42
33.43 NON-ALLOWABLE MEALS		0	33.43
33.44 NON-ALLOWABLE TRAVEL		0	33.44
33.45 NON-ALLOWABLE TRAVEL		0	33.45
33.47 NON-ALLOWABLE TRAVEL		0	33.47
33.48 DUES & SUBSCRIPTIONS		0	33.48
33.49 DUES & SUBSCRIPTIONS		0	33.49
33.50 DUES & SUBSCRIPTIONS		0	33.50
33.51 LOBBYING DUES		0	33.51
33.52 PURCHASED SERVICES		0	33.52
33.53 PURCHASED SERVICES		0	33.53
33.54 PURCHASED SERVICES		0	33.54
33.55 DONATIONS & CONTRIBUTIONS		0	33.55
33.56 PATIENT TRANSPORTATION		0	33.56
33.57 PATIENT TRANSPORTATION		0	33.57
33.58 PATIENT TRANSPORTATION		0	33.58
33.59 PATIENT TRANSPORTATION		0	33.59
33.60 PATIENT TRANSPORTATION		0	33.60
33.61 PATIENT TRANSPORTATION		0	33.61
33.62 PATIENT TRANSPORTATION		0	33.62
33.63 PATIENT TRANSPORTATION		0	33.63
33.64 PATIENT TRANSPORTATION		0	33.64
33.65 PATIENT TRANSPORTATION		0	33.65
33.66 PATIENT TRANSPORTATION		0	33.66
33.67 PATIENT TRANSPORTATION		0	33.67
33.68 ALCOHOL & LIQUOR		0	33.68
33.69 ALCOHOL & LIQUOR		0	33.69
33.70 ALCOHOL & LIQUOR		0	33.70
33.71 ALCOHOL & LIQUOR		0	33.71
33.72 EQUITY METHOD INVEST INCOME		0	33.72
33.73 NON-PATIENT BAD DEBT EXPENSE		0	33.73
33.74 NON-PATIENT BAD DEBT EXPENSE		0	33.74
33.75 PENALTIES & FINES		0	33.75
33.76 OFFICE OF PRESIDENT PHYSICIAN		0	33.76
33.77 PHYSICIAN CONTINUING EDUCATION		0	33.77
33.78 PHYSICIAN CONTINUING EDUCATION		0	33.78
33.79 PHYSICIAN INTERVIEW EXP		0	33.79
33.80 PHYSICIAN RELOCATION EXPENSE		0	33.80
33.81 PHYSICIAN DUES & SUBSCRIPTION		0	33.81
33.82 PHYSICIAN DUES & SUBSCRIPTION		0	33.82
33.83 EMPLOYEE BENEFITS		0	33.83
33.84 EMPLOYEE BENEFITS		0	33.84
33.85 FLOWERS (EST. FROM PY \$)		0	33.85
33.86 PROPERTY TAXES TO STATEMENTS	13	0	33.86
33.87 LEGAL		0	33.87
33.88 LEGAL		0	33.88
33.89 MEDICAL STAFF RELATIONS		0	33.89
33.90 MEDICAL STAFF RELATIONS		0	33.90
33.91 IDPA TAX ASSESSMENT		0	33.91
33.92 PURCHASED SERVICES <\$1,000		0	33.92
33.93 PURCHASED SERVICES <\$1,000		0	33.93
33.94 PURCHASED SERVICES <\$1,000		0	33.94
33.95 PURCHASED SERVICES <\$1,000		0	33.95
33.96 PURCHASED SERVICES <\$1,000		0	33.96
33.97 PURCHASED SERVICES <\$1,000		0	33.97
33.98 PURCHASED SERVICES <\$1,000		0	33.98
33.99 PURCHASED SERVICES <\$1,000		0	33.99
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		0	50.00

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

Provider CCN: 140054

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2013 12:49 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	ADMINISTRATIVE & GENERAL	AUTO INSURANCE	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	MALPRACTICE INSURANCE	4.00
4.01	101.00	HOME HEALTH AGENCY	MALPRACTICE INSURANCE	4.01
4.02	4.00	EMPLOYEE BENEFITS	WORKERS COMP	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMP	4.03
4.04	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	WORKERS COMP	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	ITS OPERATIONS	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	MGT FEES-ADMIN	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	CORPORATE OVERHEAD	4.08
4.09	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC.-INSURANCE	4.09
4.10	2.00	CAP REL COSTS-MVBLE EQUIP	DIRECT ALLOC.-INSURANCE	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABILITY	4.11
4.12	4.00	EMPLOYEE BENEFITS	DIRECT ALLOC.-WORKERS COMP	4.12
4.13	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC.-INTEREST EXP.	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-INTEREST EXP.	4.14
4.15	1.00	CAP REL COSTS-BLDG & FIXT	POOLED ALLOC.-CAPITAL	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	FINANCE DEPT.	4.17
4.18	4.00	EMPLOYEE BENEFITS	FINANCE DEPT.	4.18
4.19	60.00	LABORATORY	GENESIS CLINICAL LAB	4.19
4.20	0.00			4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

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

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

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

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

Provider CCN: 140054

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

Worksheet A-8-1

Date/Time Prepared: 2/27/2013 12:49 pm

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	16,269	-16,269	0	1.00
2.00	0	56,723	-56,723	0	2.00
3.00	0	4,932,101	-4,932,101	0	3.00
4.00	0	269,173	-269,173	0	4.00
4.01	0	88,503	-88,503	0	4.01
4.02	0	1,474,803	-1,474,803	0	4.02
4.03	0	1,043	-1,043	0	4.03
4.04	0	631	-631	0	4.04
4.05	0	333,600	-333,600	0	4.05
4.06	0	10,343,366	-10,343,366	0	4.06
4.07	0	3,869,972	-3,869,972	0	4.07
4.08	0	2,789,011	-2,789,011	0	4.08
4.09	47,037	0	47,037	12	4.09
4.10	26,971	0	26,971	12	4.10
4.11	2,367,714	0	2,367,714	0	4.11
4.12	373,019	0	373,019	0	4.12
4.13	573,748	0	573,748	11	4.13
4.14	227,600	0	227,600	0	4.14
4.15	241,345	0	241,345	9	4.15
4.16	1,893,141	0	1,893,141	0	4.16
4.17	560,958	1,487,417	-926,459	0	4.17
4.18	1,222,375	1,635,726	-413,351	0	4.18
4.19	2,963,939	2,963,939	0	0	4.19
4.20	0	0	0	0	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	10,497,847	30,262,277	-19,764,430	5.00

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

Related Organization(s) and/or Home Office

Name	Percentage of Ownership	Type of Business
4.00	5.00	6.00

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140054

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 12:49 pm

	wkst. A Line #	Cost Center/Physician Identifier	Total	Professional	
			Remuneration	Component	
	1.00	2.00	3.00	4.00	
1.00		5.00 ADMINISTRATIVE & GENERAL	590,002	590,002	1.00
2.00		13.00 NURSING ADMINISTRATION	222,438	216,813	2.00
3.00		15.00 PHARMACY	3,750	3,750	3.00
4.00		30.00 ADULTS & PEDIATRICS	286,378	270,388	4.00
5.00		31.00 INTENSIVE CARE UNIT	133,303	0	5.00
6.00		40.00 SUBPROVIDER - IPF	55,951	14,161	6.00
7.00		43.00 NURSERY	360,000	360,000	7.00
8.00		44.00 SKILLED NURSING FACILITY	19,750	19,750	8.00
9.00		50.00 OPERATING ROOM	688,234	688,234	9.00
10.00		52.00 DELIVERY ROOM & LABOR ROOM	1,338,873	1,338,873	10.00
11.00		53.00 ANESTHESIOLOGY	18,000	1,500	11.00
12.00		69.00 ELECTROCARDIOLOGY	336,803	336,803	12.00
13.00		91.00 EMERGENCY	288,000	288,000	13.00
14.00		91.01 FAMILY PRACTICES	1,253,226	1,253,226	14.00
15.00		91.02 PSYCH DAY HOSPITAL	8,105	0	15.00
200.00			5,602,813	5,381,500	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140054

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 12:49 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	5,625	177,200	41	3,493	175	2.00
3.00	0	0	0	0	0	3.00
4.00	15,990	177,200	133	11,331	567	4.00
5.00	133,303	177,200	996	84,852	4,243	5.00
6.00	41,790	154,100	349	25,856	1,293	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	16,500	200,300	110	10,593	530	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	8,105	154,100	94	6,964	348	15.00
200.00	221,313		1,723	143,089	7,156	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140054

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 12:49 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	3,493	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	11,331	4.00
5.00	0	0	0	0	84,852	5.00
6.00	0	0	0	0	25,856	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	10,593	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	6,964	15.00
200.00	0	0	0	0	143,089	200.00

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	0	590,002	1.00
2.00	2,132	218,945	2.00
3.00	0	3,750	3.00
4.00	4,659	275,047	4.00
5.00	48,451	48,451	5.00
6.00	15,934	30,095	6.00
7.00	0	360,000	7.00
8.00	0	19,750	8.00
9.00	0	688,234	9.00
10.00	0	1,338,873	10.00
11.00	5,907	7,407	11.00
12.00	0	336,803	12.00
13.00	0	288,000	13.00
14.00	0	1,253,226	14.00
15.00	1,141	1,141	15.00
200.00	78,224	5,459,724	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,001,528	7,001,528			1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,219,060		8,219,060		2.00	
4.00 00400	EMPLOYEE BENEFITS	16,725,595	0	0	16,725,595	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	32,648,212	731,153	864,284	3,114,782	5.00	
6.00 00600	MAINTENANCE & REPAIRS	1,814,732	2,824,657	3,338,978	25,463	6.00	
8.00 00800	LAUNDRY & LINEN SERVICE	940,668	4,474	5,289	83,706	8.00	
9.00 00900	HOUSEKEEPING	2,659,024	58,485	69,134	323,207	9.00	
10.00 01000	DIETARY	2,633,175	169,797	200,715	355,679	10.00	
11.00 01100	CAFETERIA	0	64,163	75,846	0	11.00	
13.00 01300	NURSING ADMINISTRATION	2,009,205	13,122	15,511	284,168	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	965,946	36,570	43,229	54,497	14.00	
15.00 01500	PHARMACY	4,881,857	45,228	53,463	382,647	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	2,364,255	47,120	55,700	335,185	16.00	
21.00 02100	T&R SERVICES-SALARY & FRINGES APPRVD	5,465,140	0	0	893,507	21.00	
22.00 02200	T&R SERVICES-OTHER PRGM COSTS APPRVD	1,234,605	54,836	64,821	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	19,395,097	803,575	949,893	3,029,666	30.00	
31.00 03100	INTENSIVE CARE UNIT	3,829,377	73,471	86,848	590,126	31.00	
40.00 04000	SUBPROVIDER - IPF	2,644,165	116,883	138,166	414,565	40.00	
43.00 04300	NURSERY	1,154,435	33,105	39,133	182,702	43.00	
44.00 04400	SKILLED NURSING FACILITY	2,830,943	114,719	135,607	442,296	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	9,508,912	277,189	327,660	700,429	50.00	
51.00 05100	RECOVERY ROOM	790,314	25,739	30,426	126,109	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,746,530	72,655	85,885	259,551	52.00	
53.00 05300	ANESTHESIOLOGY	780,172	1,747	2,065	69,739	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,069,216	198,953	235,179	372,520	54.00	
56.00 05600	RADIOISOTOPE	648,739	18,955	22,406	42,703	56.00	
56.01 03630	ULTRA SOUND	914,867	0	0	139,023	56.01	
56.02 03440	MAMMOGRAPHY	865,777	43,801	51,776	122,900	56.02	
57.00 05700	CT SCAN	915,161	17,955	21,224	108,853	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,089,463	0	0	102,764	58.00	
59.00 05900	CARDIAC CATHETERIZATION	2,180,243	36,599	43,264	128,755	59.00	
59.01 05901	GASTRO INTESTINAL	2,414,342	67,667	79,988	278,468	59.01	
60.00 06000	LABORATORY	6,112,464	179,755	212,486	414,138	60.00	
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,050,532	10,395	12,287	0	63.00	
65.00 06500	RESPIRATORY THERAPY	1,367,542	20,537	24,276	186,640	65.00	
66.00 06600	PHYSICAL THERAPY	2,587,612	78,187	92,424	402,188	66.00	
66.01 06601	TCU REHAB	779,743	26,011	30,747	126,089	66.01	
68.00 06800	SPEECH PATHOLOGY	119,804	12,772	15,098	19,299	68.00	
69.00 06900	ELECTROCARDIOLOGY	627,712	20,634	24,391	100,555	69.00	
69.01 06901	CARDIAC REHAB	236,248	71,199	84,164	36,445	69.01	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,755,948	0	0	0	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,042,493	0	0	0	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	4,032,877	0	0	0	73.00	
74.00 07400	RENAL DIALYSIS	521,140	2,863	3,384	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	5,833,229	126,851	149,948	853,250	91.00	
91.01 09101	FAMILY PRACTICES	2,311,019	125,240	148,044	289,861	91.01	
91.02 09102	PSYCH DAY HOSPITAL	287,581	80,963	95,705	45,328	91.02	
91.03 09103	WOUND CARE	175,005	0	0	27,857	91.03	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	7,002,034	59,922	70,832	878,052	8,010,840	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	189,183,738	6,767,947	8,000,276	16,343,712	188,349,490	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,197	9,511	11,243	0	23,951	190.00
191.00 19100	RESEARCH	417	0	0	55	472	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	161,645	191,078	0	352,723	192.00
194.00 07950	MARKETING	1,210,857	13,927	16,463	52,485	1,293,732	194.00
194.01 07951	MACNEAL SCHOOL	2,207,798	0	0	291,705	2,499,503	194.01
194.02 07952	COMMUNITY RELATIONS	275,916	0	0	37,638	313,554	194.02
194.03 07953	RETAIL PHARMACY	1	0	0	0	1	194.03
194.04 07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 07955	CATERED MEALS	0	0	0	0	0	194.05
194.06 07956	VACANT SPACE	0	48,498	0	0	48,498	194.06
200.00	Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	192,881,924	7,001,528	8,219,060	16,725,595	192,881,924	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	6.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	37,358,431				5.00	
6.00	00600	MAINTENANCE & REPAIRS	1,922,608	9,926,438			6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	248,411	12,889	1,295,437		8.00	
9.00	00900	HOUSEKEEPING	747,020	168,485	0	4,025,355	9.00	
10.00	01000	DIETARY	806,957	489,153	0	202,053	10.00	
11.00	01100	CAFETERIA	33,632	184,841	0	76,351	11.00	
13.00	01300	NURSING ADMINISTRATION	557,771	37,801	0	15,614	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	264,290	105,352	22,237	43,517	14.00	
15.00	01500	PHARMACY	1,288,298	130,292	0	53,819	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	673,134	135,744	0	56,071	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,527,417	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	325,309	157,972	0	65,253	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,807,855	2,314,940	411,228	956,224	1,512,104	30.00
31.00	03100	INTENSIVE CARE UNIT	1,100,124	211,654	54,911	87,427	131,697	31.00
40.00	04000	SUBPROVDER - IPF	796,006	336,717	46,064	139,087	219,363	40.00
43.00	04300	NURSERY	338,547	95,370	16,874	39,394	0	43.00
44.00	04400	SKILLED NURSING FACILITY	846,399	330,482	88,566	136,511	353,470	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,597,687	798,526	111,117	329,844	0	50.00
51.00	05100	RECOVERY ROOM	233,626	74,149	23,066	30,628	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	519,966	209,306	49,279	86,457	0	52.00
53.00	05300	ANESTHESIOLOGY	205,074	5,033	6,521	2,079	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	931,026	573,144	63,343	236,746	0	54.00
56.00	05600	RADIOISOTOPE	176,027	54,605	0	22,556	0	56.00
56.01	03630	ULTRA SOUND	253,156	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	260,450	126,182	17,044	52,121	0	56.02
57.00	05700	CT SCAN	255,391	51,725	0	21,366	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	286,386	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	573,831	105,436	7,678	43,552	0	59.00
59.01	05901	GASTRO INTESTINAL	682,311	194,934	52,718	80,521	0	59.01
60.00	06000	LABORATORY	1,661,982	517,840	0	213,902	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	257,798	29,945	0	12,369	0	63.00
65.00	06500	RESPIRATORY THERAPY	384,096	59,162	0	24,438	0	65.00
66.00	06600	PHYSICAL THERAPY	759,165	225,242	25,889	93,040	0	66.00
66.01	06601	TCU REHAB	231,225	74,932	0	30,952	0	66.01
68.00	06800	SPEECH PATHOLOGY	40,109	36,795	0	15,199	0	68.00
69.00	06900	ELECTROCARDIOLOGY	185,753	59,442	62,716	24,554	0	69.00
69.01	06901	CARDIAC HEHAB	102,824	205,112	505	84,725	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	902,220	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,931,895	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	968,741	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	126,684	8,248	0	3,407	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,672,656	365,432	187,299	150,947	0	91.00
91.01	09101	FAMILY PRACTICES	690,406	360,791	2,407	149,030	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	122,406	233,239	0	96,343	0	91.02
91.03	09103	WOUND CARE	48,730	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,924,292	172,623	0	71,305	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,269,691	9,253,535	1,249,462	3,747,402	3,875,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,753	27,400	0	11,318	0	190.00
191.00	19100	RESEARCH	113	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	84,728	465,667	45,739	192,351	0	192.00
194.00	07950	MARKETING	310,769	40,122	0	16,573	0	194.00
194.01	07951	MACNEAL SCHOOL	600,408	0	236	0	67,376	194.01
194.02	07952	COMMUNITY RELATIONS	75,319	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	914,362	194.05
194.06	07956	VACANT SPACE	11,650	139,714	0	57,711	0	194.06
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)	37,358,431	9,926,438	1,295,437	4,025,355	4,857,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,093,990					11.00
13.00	01300	40,560	2,973,752				13.00
14.00	01400	20,594		1,556,232			14.00
15.00	01500	51,782	0	0	6,887,386		15.00
16.00	01600	75,722	0	0	0	3,742,931	16.00
21.00	02100	158,063	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	543,941	1,266,224	0	0	416,444	30.00
31.00	03100	78,033	303,814	0	0	55,541	31.00
40.00	04000	68,512	161,713	0	0	67,839	40.00
43.00	04300	25,493	83,376	0	0	33,504	43.00
44.00	04400	90,419	150,919	0	0	37,379	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	131,645	156,779	0	0	353,793	50.00
51.00	05100	17,433	56,634	0	0	72,663	51.00
52.00	05200	33,942	134,028	0	0	118,334	52.00
53.00	05300	13,255	21,615	0	0	129,804	53.00
54.00	05400	69,233	24,390	0	0	141,803	54.00
56.00	05600	5,176	0	0	0	43,144	56.00
56.01	03630	18,653	0	0	0	65,537	56.01
56.02	03440	20,927	7,033	0	0	63,029	56.02
57.00	05700	17,840	0	0	0	245,647	57.00
58.00	05800	17,415	7,269	0	0	130,312	58.00
59.00	05900	15,344	46,864	0	0	96,384	59.00
59.01	05901	51,856	120,402	0	0	109,715	59.01
60.00	06000	71,637	0	0	0	251,196	60.00
63.00	06300	0	0	0	0	10,172	63.00
65.00	06500	34,478	0	0	0	36,147	65.00
66.00	06600	74,040	0	0	0	71,316	66.00
66.01	06601	0	0	0	0	11,839	66.01
68.00	06800	2,292	0	0	0	2,568	68.00
69.00	06900	17,452	14,194	0	0	84,765	69.00
69.01	06901	7,210	5,627	0	0	4,740	69.01
71.00	07100	0	0	495,417	0	200,624	71.00
72.00	07200	0	0	1,060,815	0	111,026	72.00
73.00	07300	0	0	0	6,887,386	401,867	73.00
74.00	07400	0	0	0	0	6,605	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	145,547	378,755	0	0	276,605	91.00
91.01	09101	0	5,208	0	0	37,563	91.01
91.02	09102	7,691	7,820	0	0	8,119	91.02
91.03	09103	4,123	8,347	0	0	5,308	91.03
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	80,455	12,058	0	0	41,599	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,010,763	2,973,069	1,556,232	6,887,386	3,742,931	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	8,430	683	0	0	0	194.00
194.01	07951	69,159	0	0	0	0	194.01
194.02	07952	5,638	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,093,990	2,973,752	1,556,232	6,887,386	3,742,931	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00					24.00	25.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL				5.00		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION				13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00		
15.00	01500	PHARMACY				15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,044,127			21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,902,796		22.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,338,156	789,623	41,534,970	-4,127,779	37,407,191	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,603,023	0	6,603,023	31.00
40.00	04000	SUBPROVIDER - IPF	51,738	12,238	5,213,056	-63,976	5,149,080	40.00
43.00	04300	NURSERY	0	0	2,041,933	0	2,041,933	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	5,557,710	0	5,557,710	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	499,053	118,048	15,910,682	-617,101	15,293,581	50.00
51.00	05100	RECOVERY ROOM	0	0	1,480,787	0	1,480,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,315,933	0	3,315,933	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,237,104	0	1,237,104	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,915,553	0	5,915,553	54.00
56.00	05600	RADIOISOTOPE	0	0	1,034,311	0	1,034,311	56.00
56.01	03630	ULTRA SOUND	0	0	1,391,236	0	1,391,236	56.01
56.02	03440	MAMMOGRAPHY	0	0	1,631,040	0	1,631,040	56.02
57.00	05700	CT SCAN	0	0	1,655,162	0	1,655,162	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,633,609	0	1,633,609	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,277,950	0	3,277,950	59.00
59.01	05901	GASTRO INTESTINAL	0	0	4,132,922	0	4,132,922	59.01
60.00	06000	LABORATORY	0	0	9,635,400	0	9,635,400	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,383,498	0	1,383,498	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,137,316	0	2,137,316	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,409,103	0	4,409,103	66.00
66.01	06601	TCU REHAB	0	0	1,311,538	0	1,311,538	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	263,936	0	263,936	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,222,168	0	1,222,168	69.00
69.01	06901	CARDIAC HEHAB	0	0	838,799	0	838,799	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,354,209	0	5,354,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,146,229	0	11,146,229	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,290,871	0	12,290,871	73.00
74.00	07400	RENAL DIALYSIS	0	0	672,331	0	672,331	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	322,282	76,234	10,539,035	-398,516	10,140,519	91.00
91.01	09101	FAMILY PRACTICES	3,832,898	906,653	8,859,120	-4,739,551	4,119,569	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	985,195	0	985,195	91.02
91.03	09103	WOUND CARE	0	0	269,370	0	269,370	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	10,313,172	0	10,313,172	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,044,127	1,902,796	185,198,271	-9,946,923	175,251,348	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	68,422	0	68,422	190.00
191.00	19100	RESEARCH	0	0	585	0	585	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,141,208	0	1,141,208	192.00
194.00	07950	MARKETING	0	0	1,670,309	0	1,670,309	194.00
194.01	07951	MACNEAL SCHOOL	0	0	3,236,682	0	3,236,682	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	394,511	0	394,511	194.02
194.03	07953	RETAIL PHARMACY	0	0	1	0	1	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	914,362	0	914,362	194.05
194.06	07956	VACANT SPACE	0	0	257,573	0	257,573	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	21.00	22.00			
201.00 Negative Cost Centers	0	0	0	0	0
202.00 TOTAL (sum lines 118-201)	8,044,127	1,902,796	192,881,924	-9,946,923	182,935,001

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			2.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	731,153	864,284	1,595,437	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,824,657	3,338,978	6,163,635	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,474	5,289	9,763	8.00
9.00	00900	HOUSEKEEPING	58,485	69,134	127,619	9.00
10.00	01000	DIETARY	169,797	200,715	370,512	10.00
11.00	01100	CAFETERIA	64,163	75,846	140,009	11.00
13.00	01300	NURSING ADMINISTRATION	13,122	15,511	28,633	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	36,570	43,229	79,799	14.00
15.00	01500	PHARMACY	45,228	53,463	98,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,120	55,700	102,820	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	54,836	64,821	119,657	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	803,575	949,893	1,753,468	30.00
31.00	03100	INTENSIVE CARE UNIT	73,471	86,848	160,319	31.00
40.00	04000	SUBPROVIDER - IPF	116,883	138,166	255,049	40.00
43.00	04300	NURSERY	33,105	39,133	72,238	43.00
44.00	04400	SKILLED NURSING FACILITY	114,719	135,607	250,326	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	277,189	327,660	604,849	50.00
51.00	05100	RECOVERY ROOM	25,739	30,426	56,165	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,655	85,885	158,540	52.00
53.00	05300	ANESTHESIOLOGY	1,747	2,065	3,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,953	235,179	434,132	54.00
56.00	05600	RADIOISOTOPE	18,955	22,406	41,361	56.00
56.01	03630	ULTRA SOUND	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	43,801	51,776	95,577	56.02
57.00	05700	CT SCAN	17,955	21,224	39,179	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,599	43,264	79,863	59.00
59.01	05901	GASTRO INTESTINAL	67,667	79,988	147,655	59.01
60.00	06000	LABORATORY	179,755	212,486	392,241	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,395	12,287	22,682	63.00
65.00	06500	RESPIRATORY THERAPY	20,537	24,276	44,813	65.00
66.00	06600	PHYSICAL THERAPY	78,187	92,424	170,611	66.00
66.01	06601	TCU REHAB	26,011	30,747	56,758	66.01
68.00	06800	SPEECH PATHOLOGY	12,772	15,098	27,870	68.00
69.00	06900	ELECTROCARDIOLOGY	20,634	24,391	45,025	69.00
69.01	06901	CARDIAC HEHAB	71,199	84,164	155,363	69.01
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	2,863	3,384	6,247	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	126,851	149,948	276,799	91.00
91.01	09101	FAMILY PRACTICES	125,240	148,044	273,284	91.01
91.02	09102	PSYCH DAY HOSPITAL	80,963	95,705	176,668	91.02
91.03	09103	WOUND CARE	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	59,922	70,832	130,754	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,767,947	8,000,276	14,768,223	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,511	11,243	20,754	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	161,645	191,078	352,723	192.00
194.00	07950	MARKETING	13,927	16,463	30,390	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	194.05
194.06	07956	VACANT SPACE	48,498	0	48,498	194.06
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
202.00 TOTAL (sum lines 118-201)	0	7,001,528	8,219,060	15,220,588		0 202.00

Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
							2.00
2.00	00200						4.00
4.00	00400						5.00
5.00	00500	1,595,437					6.00
6.00	00600	82,103	6,245,738				8.00
8.00	00800	10,608	8,110	28,481			9.00
9.00	00900	31,901	106,011	0	265,531		10.00
10.00	01000	34,460	307,776	0	13,328	726,076	11.00
11.00	01100	1,436	116,302	0	5,036	248,001	13.00
13.00	01300	23,819	23,785	0	1,030	0	14.00
14.00	01400	11,286	66,288	489	2,871	0	15.00
15.00	01500	55,016	81,980	0	3,550	0	16.00
16.00	01600	28,746	85,410	0	3,699	0	21.00
21.00	02100	65,227	0	0	0	0	22.00
22.00	02200	13,892	99,396	0	4,304	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	248,101	1,456,569	9,041	63,076	226,021	30.00
31.00	03100	46,980	133,173	1,207	5,767	19,685	31.00
40.00	04000	33,993	211,863	1,013	9,175	32,789	40.00
43.00	04300	14,457	60,007	371	2,599	0	43.00
44.00	04400	36,145	207,940	1,947	9,005	52,835	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	110,932	502,434	2,443	21,758	0	50.00
51.00	05100	9,977	46,655	507	2,020	0	51.00
52.00	05200	22,205	131,696	1,083	5,703	0	52.00
53.00	05300	8,757	3,167	143	137	0	53.00
54.00	05400	39,759	360,623	1,393	15,617	0	54.00
56.00	05600	7,517	34,358	0	1,488	0	56.00
56.01	03630	10,811	0	0	0	0	56.01
56.02	03440	11,122	79,394	375	3,438	0	56.02
57.00	05700	10,906	32,546	0	1,409	0	57.00
58.00	05800	12,230	0	0	0	0	58.00
59.00	05900	24,505	66,340	169	2,873	0	59.00
59.01	05901	29,137	122,653	1,159	5,312	0	59.01
60.00	06000	70,973	325,826	0	14,110	0	60.00
63.00	06300	11,009	18,841	0	816	0	63.00
65.00	06500	16,402	37,225	0	1,612	0	65.00
66.00	06600	32,419	141,723	569	6,137	0	66.00
66.01	06601	9,874	47,147	0	2,042	0	66.01
68.00	06800	1,713	23,151	0	1,003	0	68.00
69.00	06900	7,932	37,401	1,379	1,620	0	69.00
69.01	06901	4,391	129,057	11	5,589	0	69.01
71.00	07100	38,529	0	0	0	0	71.00
72.00	07200	82,500	0	0	0	0	72.00
73.00	07300	41,369	0	0	0	0	73.00
74.00	07400	5,410	5,190	0	225	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	71,429	229,931	4,118	9,957	0	91.00
91.01	09101	29,483	227,010	53	9,831	0	91.01
91.02	09102	5,227	146,754	0	6,355	0	91.02
91.03	09103	2,081	0	0	0	0	91.03
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	82,175	108,614	0	4,704	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,548,944	5,822,346	27,470	247,196	579,331	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	246	17,240	0	747	0	190.00
191.00	19100	5	0	0	0	0	191.00
192.00	19200	3,618	292,999	1,006	12,688	0	192.00
194.00	07950	13,271	25,245	0	1,093	0	194.00
194.01	07951	25,640	0	5	0	10,071	194.01
194.02	07952	3,216	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	136,674	194.05
194.06	07956	497	87,908	0	3,807	0	194.06
200.00							200.00
201.00							201.00
202.00		1,595,437	6,245,738	28,481	265,531	726,076	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	510,784					11.00
13.00	01300	9,894	87,161				13.00
14.00	01400	5,024		165,757			14.00
15.00	01500	12,631			251,868		15.00
16.00	01600	18,471				239,146	16.00
21.00	02100	38,556					21.00
22.00	02200						22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	132,682	37,113			26,194	30.00
31.00	03100	19,035	8,905			3,556	31.00
40.00	04000	16,712	4,740			4,343	40.00
43.00	04300	6,219	2,444			2,145	43.00
44.00	04400	22,056	4,423			2,393	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,112	4,595			22,649	50.00
51.00	05100	4,252	1,660			4,652	51.00
52.00	05200	8,279	3,928			7,575	52.00
53.00	05300	3,233	634			8,310	53.00
54.00	05400	16,888	715			9,078	54.00
56.00	05600	1,263				2,762	56.00
56.01	03630	4,550				4,195	56.01
56.02	03440	5,105	206			4,035	56.02
57.00	05700	4,352				15,726	57.00
58.00	05800	4,248	213			8,342	58.00
59.00	05900	3,743	1,374			6,170	59.00
59.01	05901	12,649	3,529			7,024	59.01
60.00	06000	17,474				16,081	60.00
63.00	06300					651	63.00
65.00	06500	8,410				2,314	65.00
66.00	06600	18,060				4,565	66.00
66.01	06601					758	66.01
68.00	06800	559				164	68.00
69.00	06900	4,257	416			5,426	69.00
69.01	06901	1,759	165			303	69.01
71.00	07100			52,767		12,843	71.00
72.00	07200			112,990		7,108	72.00
73.00	07300				251,868	25,726	73.00
74.00	07400					423	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	35,503	11,101			17,707	91.00
91.01	09101		153			2,405	91.01
91.02	09102	1,876	229			520	91.02
91.03	09103	1,006	245			340	91.03
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	19,625	353			2,663	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		490,483	87,141	165,757	251,868	239,146	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
191.00	19100						191.00
192.00	19200						192.00
194.00	07950	2,056	20				194.00
194.01	07951	16,870					194.01
194.02	07952	1,375					194.02
194.03	07953						194.03
194.04	07954						194.04
194.05	07955						194.05
194.06	07956						194.06
200.00							200.00
201.00							201.00
202.00		510,784	87,161	165,757	251,868	239,146	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	103,783		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		237,249	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,952,265	30.00
31.00	03100	INTENSIVE CARE UNIT		398,627	31.00
40.00	04000	SUBPROVIDER - IPF		569,677	40.00
43.00	04300	NURSERY		160,480	43.00
44.00	04400	SKILLED NURSING FACILITY		587,070	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM		1,301,772	50.00
51.00	05100	RECOVERY ROOM		125,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		339,009	52.00
53.00	05300	ANESTHESIOLOGY		28,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		878,205	54.00
56.00	05600	RADIOISOTOPE		88,749	56.00
56.01	03630	ULTRA SOUND		19,556	56.01
56.02	03440	MAMMOGRAPHY		199,252	56.02
57.00	05700	CT SCAN		104,118	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		25,033	58.00
59.00	05900	CARDIAC CATHETERIZATION		185,037	59.00
59.01	05901	GASTRO INTESTINAL		329,118	59.01
60.00	06000	LABORATORY		836,705	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		53,999	63.00
65.00	06500	RESPIRATORY THERAPY		110,776	65.00
66.00	06600	PHYSICAL THERAPY		374,084	66.00
66.01	06601	TCU REHAB		116,579	66.01
68.00	06800	SPEECH PATHOLOGY		54,460	68.00
69.00	06900	ELECTROCARDIOLOGY		103,456	69.00
69.01	06901	CARDIAC HEHAB		296,638	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		104,139	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		202,598	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		318,963	73.00
74.00	07400	RENAL DIALYSIS		17,495	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY		656,545	91.00
91.01	09101	FAMILY PRACTICES		542,219	91.01
91.02	09102	PSYCH DAY HOSPITAL		337,629	91.02
91.03	09103	WOUND CARE		3,672	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY		348,888	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		38,987	190.00
191.00	19100	RESEARCH		5	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		663,034	192.00
194.00	07950	MARKETING		72,075	194.00
194.01	07951	MACNEAL SCHOOL		52,586	194.01
194.02	07952	COMMUNITY RELATIONS		4,591	194.02
194.03	07953	RETAIL PHARMACY		0	194.03
194.04	07954	HOME DELIVERED MEALS		0	194.04
194.05	07955	CATERED MEALS		136,674	194.05
194.06	07956	VACANT SPACE		140,710	194.06
200.00		Cross Foot Adjustments	103,783	237,249	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	103,783	237,249	15,220,588	0	15,220,588

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ. FEET)	MVBLE EQUIP (SQ. FEET)				
	1.00	2.00	4.00	SA	5.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	721,399			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		716,402		2.00
4.00	00400	EMPLOYEE BENEFITS	0	0	102,302,130	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	75,334	75,334	19,051,498	-37,358,431
6.00	00600	MAINTENANCE & REPAIRS	291,037	291,037	155,746	0
8.00	00800	LAUNDRY & LINEN SERVICE	461	461	511,988	0
9.00	00900	HOUSEKEEPING	6,026	6,026	1,976,900	0
10.00	01000	DIETARY	17,495	17,495	2,175,514	0
11.00	01100	CAFETERIA	6,611	6,611	0	0
13.00	01300	NURSING ADMINISTRATION	1,352	1,352	1,738,113	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,768	3,768	333,331	0
15.00	01500	PHARMACY	4,660	4,660	2,340,463	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,855	4,855	2,050,160	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,465,140	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,650	5,650	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	82,796	82,796	18,530,976	0
31.00	03100	INTENSIVE CARE UNIT	7,570	7,570	3,609,513	0
40.00	04000	SUBPROVIDER - IPF	12,043	12,043	2,535,691	0
43.00	04300	NURSERY	3,411	3,411	1,117,500	0
44.00	04400	SKILLED NURSING FACILITY	11,820	11,820	2,705,304	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,560	28,560	4,284,176	0
51.00	05100	RECOVERY ROOM	2,652	2,652	771,346	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,486	7,486	1,587,544	0
53.00	05300	ANESTHESIOLOGY	180	180	426,558	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,499	20,499	2,278,520	0
56.00	05600	RADIOISOTOPE	1,953	1,953	261,195	0
56.01	03630	ULTRA SOUND	0	0	850,333	0
56.02	03440	MAMMOGRAPHY	4,513	4,513	751,721	0
57.00	05700	CT SCAN	1,850	1,850	665,799	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	628,557	0
59.00	05900	CARDIAC CATHETERIZATION	3,771	3,771	787,533	0
59.01	05901	GASTRO INTESTINAL	6,972	6,972	1,703,254	0
60.00	06000	LABORATORY	18,521	18,521	2,533,076	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,071	1,071	0	0
65.00	06500	RESPIRATORY THERAPY	2,116	2,116	1,141,587	0
66.00	06600	PHYSICAL THERAPY	8,056	8,056	2,459,987	0
66.01	06601	TCU REHAB	2,680	2,680	771,223	0
68.00	06800	SPEECH PATHOLOGY	1,316	1,316	118,043	0
69.00	06900	ELECTROCARDIOLOGY	2,126	2,126	615,047	0
69.01	06901	CARDIAC REHAB	7,336	7,336	222,914	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	295	295	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	13,070	13,070	5,218,907	0
91.01	09101	FAMILY PRACTICES	12,904	12,904	1,772,935	0
91.02	09102	PSYCH DAY HOSPITAL	8,342	8,342	277,248	0
91.03	09103	WOUND CARE	0	0	170,389	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,174	6,174	5,370,611	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	697,332	697,332	99,966,340	-37,358,431
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	980	980	0	0
191.00	19100	RESEARCH	0	0	334	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,655	16,655	0	0
194.00	07950	MARKETING	1,435	1,435	321,023	0
194.01	07951	MACNEAL SCHOOL	0	0	1,784,218	0
194.02	07952	COMMUNITY RELATIONS	0	0	230,215	0
194.03	07953	RETAIL PHARMACY	0	0	0	0
194.04	07954	HOME DELIVERED MEALS	0	0	0	0
194.05	07955	CATERED MEALS	0	0	0	0
194.06	07956	VACANT SPACE	4,997	0	0	0
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers				

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	7,001,528	8,219,060	16,725,595	5A	37,358,431	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.705486	11.472693	0.163492		0.240211	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		1,595,437	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.010258	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	355,028					6.00
8.00	00800	461	1,975,140				8.00
9.00	00900	6,026	0	348,541			9.00
10.00	01000	17,495	0	17,495	677,267		10.00
11.00	01100	6,611	0	6,611	231,330	113,269	11.00
13.00	01300	1,352	0	1,352	0	2,194	13.00
14.00	01400	3,768	33,904	3,768	0	1,114	14.00
15.00	01500	4,660	0	4,660	0	2,801	15.00
16.00	01600	4,855	0	4,855	0	4,096	16.00
21.00	02100	0	0	0	0	8,550	21.00
22.00	02200	5,650	0	5,650	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	82,796	626,995	82,796	210,827	29,423	30.00
31.00	03100	7,570	83,722	7,570	18,362	4,221	31.00
40.00	04000	12,043	70,234	12,043	30,585	3,706	40.00
43.00	04300	3,411	25,728	3,411	0	1,379	43.00
44.00	04400	11,820	135,036	11,820	49,283	4,891	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,560	169,419	28,560	0	7,121	50.00
51.00	05100	2,652	35,168	2,652	0	943	51.00
52.00	05200	7,486	75,135	7,486	0	1,836	52.00
53.00	05300	180	9,942	180	0	717	53.00
54.00	05400	20,499	96,579	20,499	0	3,745	54.00
56.00	05600	1,953	0	1,953	0	280	56.00
56.01	03630	0	0	0	0	1,009	56.01
56.02	03440	4,513	25,987	4,513	0	1,132	56.02
57.00	05700	1,850	0	1,850	0	965	57.00
58.00	05800	0	0	0	0	942	58.00
59.00	05900	3,771	11,707	3,771	0	830	59.00
59.01	05901	6,972	80,378	6,972	0	2,805	59.01
60.00	06000	18,521	0	18,521	0	3,875	60.00
63.00	06300	1,071	0	1,071	0	0	63.00
65.00	06500	2,116	0	2,116	0	1,865	65.00
66.00	06600	8,056	39,473	8,056	0	4,005	66.00
66.01	06601	2,680	0	2,680	0	0	66.01
68.00	06800	1,316	0	1,316	0	124	68.00
69.00	06900	2,126	95,622	2,126	0	944	69.00
69.01	06901	7,336	770	7,336	0	390	69.01
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	295	0	295	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	13,070	285,573	13,070	0	7,873	91.00
91.01	09101	12,904	3,670	12,904	0	0	91.01
91.02	09102	8,342	0	8,342	0	416	91.02
91.03	09103	0	0	0	0	223	91.03
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	6,174	0	6,174	0	4,352	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		330,961	1,905,042	324,474	540,387	108,767	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	980	0	980	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	16,655	69,738	16,655	0	0	192.00
194.00	07950	1,435	0	1,435	0	456	194.00
194.01	07951	0	360	0	9,394	3,741	194.01
194.02	07952	0	0	0	0	305	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	127,486	0	194.05
194.06	07956	4,997	0	4,997	0	0	194.06
200.00							200.00
201.00							201.00
202.00		9,926,438	1,295,437	4,025,355	4,857,529	2,093,990	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (wkst. B, Part I)	27.959592	0.655871	11.549158	7.172251	18.486876	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	6,245,738	28,481	265,531	726,076	510,784	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	17.592241	0.014420	0.761836	1.072068	4.509477	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	879,936				13.00
14.00	01400	0	11,798,438			14.00
15.00	01500	0	0	4,032,878		15.00
16.00	01600	0	0	0	998,377,983	16.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	374,677	0	0	111,078,439	30.00
31.00	03100	89,899	0	0	14,814,924	31.00
40.00	04000	47,851	0	0	18,095,146	40.00
43.00	04300	24,671	0	0	8,936,680	43.00
44.00	04400	44,657	0	0	9,970,407	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	46,391	0	0	94,370,036	50.00
51.00	05100	16,758	0	0	19,381,891	51.00
52.00	05200	39,659	0	0	31,564,018	52.00
53.00	05300	6,396	0	0	34,623,662	53.00
54.00	05400	7,217	0	0	37,824,201	54.00
56.00	05600	0	0	0	11,508,057	56.00
56.01	03630	0	0	0	17,481,188	56.01
56.02	03440	2,081	0	0	16,812,212	56.02
57.00	05700	0	0	0	65,523,436	57.00
58.00	05800	2,151	0	0	34,759,207	58.00
59.00	05900	13,867	0	0	25,709,274	59.00
59.01	05901	35,627	0	0	29,265,062	59.01
60.00	06000	0	0	0	67,003,397	60.00
63.00	06300	0	0	0	2,713,390	63.00
65.00	06500	0	0	0	9,641,738	65.00
66.00	06600	0	0	0	19,022,761	66.00
66.01	06601	0	0	0	3,157,796	66.01
68.00	06800	0	0	0	684,969	68.00
69.00	06900	4,200	0	0	22,609,903	69.00
69.01	06901	1,665	0	0	1,264,266	69.01
71.00	07100	0	3,755,947	0	53,513,998	71.00
72.00	07200	0	8,042,491	0	29,614,810	72.00
73.00	07300	0	0	4,032,878	107,193,190	73.00
74.00	07400	0	0	0	1,761,877	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	112,074	0	0	73,781,115	91.00
91.01	09101	1,541	0	0	10,019,384	91.01
91.02	09102	2,314	0	0	2,165,590	91.02
91.03	09103	2,470	0	0	1,415,913	91.03
92.00	09200					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	3,568	0	0	11,096,046	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		879,734	11,798,438	4,032,878	998,377,983	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
191.00	19100	0	0	0	0	191.00
192.00	19200	0	0	0	0	192.00
194.00	07950	202	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
194.05	07955	0	0	0	0	194.05
194.06	07956	0	0	0	0	194.06
200.00						200.00
201.00						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per wkst. B, Part I)	2,973,752	1,556,232	6,887,386	3,742,931	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	3.379509	0.131902	1.707809	0.003749	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	87,161	165,757	251,868	239,146	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.099054	0.014049	0.062454	0.000240	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

worksheet B-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		INTERNS & RESIDENTS			
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,463		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		7,463	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,097	3,097	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	48	48	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	463	463	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	59.01
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	TCU REHAB	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	299	299	91.00
91.01	09101	FAMILY PRACTICES	3,556	3,556	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	91.02
91.03	09103	WOUND CARE	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,463	7,463	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	194.04
194.05	07955	CATERED MEALS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		21.00	22.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	8,044,127	1,902,796	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,077.867748	254.963956	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	103,783	237,249	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	13.906338	31.790031	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS	
				Total Costs	RCE Disallowance	Total Costs	Total Costs		
									3.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	37,407,191		37,407,191		4,659	37,411,850	30.00
31.00	03100	INTENSIVE CARE UNIT	6,603,023		6,603,023		48,451	6,651,474	31.00
40.00	04000	SUBPROVIDER - IPF	5,149,080		5,149,080		15,934	5,165,014	40.00
43.00	04300	NURSERY	2,041,933		2,041,933		0	2,041,933	43.00
44.00	04400	SKILLED NURSING FACILITY	5,557,710		5,557,710		0	5,557,710	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,293,581		15,293,581		0	15,293,581	50.00
51.00	05100	RECOVERY ROOM	1,480,787		1,480,787		0	1,480,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,315,933		3,315,933		0	3,315,933	52.00
53.00	05300	ANESTHESIOLOGY	1,237,104		1,237,104		5,907	1,243,011	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,915,553		5,915,553		0	5,915,553	54.00
56.00	05600	RADIOISOTOPE	1,034,311		1,034,311		0	1,034,311	56.00
56.01	03630	ULTRA SOUND	1,391,236		1,391,236		0	1,391,236	56.01
56.02	03440	MAMMOGRAPHY	1,631,040		1,631,040		0	1,631,040	56.02
57.00	05700	CT SCAN	1,655,162		1,655,162		0	1,655,162	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,633,609		1,633,609		0	1,633,609	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,277,950		3,277,950		0	3,277,950	59.00
59.01	05901	GASTRO INTESTINAL	4,132,922		4,132,922		0	4,132,922	59.01
60.00	06000	LABORATORY	9,635,400		9,635,400		0	9,635,400	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,383,498		1,383,498		0	1,383,498	63.00
65.00	06500	RESPIRATORY THERAPY	2,137,316	0	2,137,316		0	2,137,316	65.00
66.00	06600	PHYSICAL THERAPY	4,409,103	0	4,409,103		0	4,409,103	66.00
66.01	06601	TCU REHAB	1,311,538	0	1,311,538		0	1,311,538	66.01
68.00	06800	SPEECH PATHOLOGY	263,936	0	263,936		0	263,936	68.00
69.00	06900	ELECTROCARDIOLOGY	1,222,168		1,222,168		0	1,222,168	69.00
69.01	06901	CARDIAC HEHAB	838,799		838,799		0	838,799	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,354,209		5,354,209		0	5,354,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,146,229		11,146,229		0	11,146,229	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,290,871		12,290,871		0	12,290,871	73.00
74.00	07400	RENAL DIALYSIS	672,331		672,331		0	672,331	74.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	10,140,519		10,140,519		0	10,140,519	91.00
91.01	09101	FAMILY PRACTICES	4,119,569		4,119,569		0	4,119,569	91.01
91.02	09102	PSYCH DAY HOSPITAL	985,195		985,195		1,141	986,336	91.02
91.03	09103	WOUND CARE	269,370		269,370		0	269,370	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,166,871		2,166,871		0	2,166,871	92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	10,313,172		10,313,172		0	10,313,172	101.00
200.00		Subtotal (see instructions)	177,418,219	0	177,418,219		76,092	177,494,311	200.00
201.00		Less Observation Beds	2,166,871		2,166,871		0	2,166,871	201.00
202.00		Total (see instructions)	175,251,348	0	175,251,348		76,092	175,327,440	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/27/2013 12:49 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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	102,471,418		102,471,418	30.00
31.00	03100	INTENSIVE CARE UNIT	14,814,924		14,814,924	31.00
40.00	04000	SUBPROVIDER - IPF	18,095,146		18,095,146	40.00
43.00	04300	NURSERY	8,936,680		8,936,680	43.00
44.00	04400	SKILLED NURSING FACILITY	9,970,407		9,970,407	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,180,659	50,189,377	94,370,036	50.00
51.00	05100	RECOVERY ROOM	6,560,522	12,821,369	19,381,891	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,126,691	2,437,327	31,564,018	52.00
53.00	05300	ANESTHESIOLOGY	13,162,213	21,461,449	34,623,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,890,452	28,933,749	37,824,201	54.00
56.00	05600	RADIOISOTOPE	2,795,797	8,712,260	11,508,057	56.00
56.01	03630	ULTRA SOUND	4,281,530	13,199,658	17,481,188	56.01
56.02	03440	MAMMOGRAPHY	16,104	16,796,108	16,812,212	56.02
57.00	05700	CT SCAN	22,757,544	42,765,892	65,523,436	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,728,309	30,030,898	34,759,207	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,442,082	9,267,192	25,709,274	59.00
59.01	05901	GASTRO INTESTINAL	6,747,340	22,517,722	29,265,062	59.01
60.00	06000	LABORATORY	40,271,539	26,731,858	67,003,397	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,245,196	468,194	2,713,390	63.00
65.00	06500	RESPIRATORY THERAPY	8,645,129	996,609	9,641,738	65.00
66.00	06600	PHYSICAL THERAPY	8,256,493	10,766,268	19,022,761	66.00
66.01	06601	TCU REHAB	3,157,796	0	3,157,796	66.01
68.00	06800	SPEECH PATHOLOGY	10,066	674,903	684,969	68.00
69.00	06900	ELECTROCARDIOLOGY	10,594,951	12,014,952	22,609,903	69.00
69.01	06901	CARDIAC HEHAB	736	1,263,530	1,264,266	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,956,498	27,557,500	53,513,998	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,623,602	8,991,208	29,614,810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,338,570	28,854,620	107,193,190	73.00
74.00	07400	RENAL DIALYSIS	1,679,336	82,541	1,761,877	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	22,767,121	51,013,994	73,781,115	91.00
91.01	09101	FAMILY PRACTICES	0	10,019,384	10,019,384	91.01
91.02	09102	PSYCH DAY HOSPITAL	554	2,165,036	2,165,590	91.02
91.03	09103	WOUND CARE	17,631	1,398,282	1,415,913	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,023,878	7,583,143	8,607,021	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	11,096,046	11,096,046	101.00
200.00		Subtotal (see instructions)	537,566,914	460,811,069	998,377,983	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	537,566,914	460,811,069	998,377,983	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:140054

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:49 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
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.162060			50.00
51.00	05100 RECOVERY ROOM	0.076401			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.105054			52.00
53.00	05300 ANESTHESIOLOGY	0.035901			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.156396			54.00
56.00	05600 RADIOISOTOPE	0.089877			56.00
56.01	03630 ULTRA SOUND	0.079585			56.01
56.02	03440 MAMMOGRAPHY	0.097015			56.02
57.00	05700 CT SCAN	0.025261			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.046998			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.127501			59.00
59.01	05901 GASTRO INTESTINAL	0.141224			59.01
60.00	06000 LABORATORY	0.143805			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.509878			63.00
65.00	06500 RESPIRATORY THERAPY	0.221673			65.00
66.00	06600 PHYSICAL THERAPY	0.231780			66.00
66.01	06601 TCU REHAB	0.415333			66.01
68.00	06800 SPEECH PATHOLOGY	0.385325			68.00
69.00	06900 ELECTROCARDIOLOGY	0.054055			69.00
69.01	06901 CARDIAC HEHAB	0.663467			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.100052			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.376373			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114661			73.00
74.00	07400 RENAL DIALYSIS	0.381599			74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.137441			91.00
91.01	09101 FAMILY PRACTICES	0.411160			91.01
91.02	09102 PSYCH DAY HOSPITAL	0.455458			91.02
91.03	09103 WOUND CARE	0.190245			91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.251756			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
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: 140054

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,407,191		37,407,191	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	6,603,023		6,603,023	0	0 31.00
40.00	04000	SUBPROVIDER - IPF	5,149,080		5,149,080	0	0 40.00
43.00	04300	NURSERY	2,041,933		2,041,933	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	5,557,710		5,557,710	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,293,581		15,293,581	0	0 50.00
51.00	05100	RECOVERY ROOM	1,480,787		1,480,787	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,315,933		3,315,933	0	0 52.00
53.00	05300	ANESTHESIOLOGY	1,237,104		1,237,104	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,915,553		5,915,553	0	0 54.00
56.00	05600	RADIOISOTOPE	1,034,311		1,034,311	0	0 56.00
56.01	03630	ULTRA SOUND	1,391,236		1,391,236	0	0 56.01
56.02	03440	MAMMOGRAPHY	1,631,040		1,631,040	0	0 56.02
57.00	05700	CT SCAN	1,655,162		1,655,162	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,633,609		1,633,609	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,277,950		3,277,950	0	0 59.00
59.01	05901	GASTRO INTESTINAL	4,132,922		4,132,922	0	0 59.01
60.00	06000	LABORATORY	9,635,400		9,635,400	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,383,498		1,383,498	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	2,137,316	0	2,137,316	0	0 65.00
66.00	06600	PHYSICAL THERAPY	4,409,103	0	4,409,103	0	0 66.00
66.01	06601	TCU REHAB	1,311,538	0	1,311,538	0	0 66.01
68.00	06800	SPEECH PATHOLOGY	263,936	0	263,936	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,222,168		1,222,168	0	0 69.00
69.01	06901	CARDIAC REHAB	838,799		838,799	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,354,209		5,354,209	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,146,229		11,146,229	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,290,871		12,290,871	0	0 73.00
74.00	07400	RENAL DIALYSIS	672,331		672,331	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	10,140,519		10,140,519	0	0 91.00
91.01	09101	FAMILY PRACTICES	4,119,569		4,119,569	0	0 91.01
91.02	09102	PSYCH DAY HOSPITAL	985,195		985,195	0	0 91.02
91.03	09103	WOUND CARE	269,370		269,370	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,166,871		2,166,871	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	10,313,172		10,313,172	0	0 101.00
200.00		Subtotal (see instructions)	177,418,219	0	177,418,219	0	0 200.00
201.00		Less Observation Beds	2,166,871		2,166,871	0	0 201.00
202.00		Total (see instructions)	175,251,348	0	175,251,348	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Charges			Hospital	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	102,471,418		102,471,418		30.00
31.00 03100 INTENSIVE CARE UNIT	14,814,924		14,814,924		31.00
40.00 04000 SUBPROVIDER - IPF	18,095,146		18,095,146		40.00
43.00 04300 NURSERY	8,936,680		8,936,680		43.00
44.00 04400 SKILLED NURSING FACILITY	9,970,407		9,970,407		44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	44,180,659	50,189,377	94,370,036	0.162060	50.00
51.00 05100 RECOVERY ROOM	6,560,522	12,821,369	19,381,891	0.076401	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	29,126,691	2,437,327	31,564,018	0.105054	52.00
53.00 05300 ANESTHESIOLOGY	13,162,213	21,461,449	34,623,662	0.035730	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,890,452	28,933,749	37,824,201	0.156396	54.00
56.00 05600 RADIOISOTOPE	2,795,797	8,712,260	11,508,057	0.089877	56.00
56.01 03630 ULTRA SOUND	4,281,530	13,199,658	17,481,188	0.079585	56.01
56.02 03440 MAMMOGRAPHY	16,104	16,796,108	16,812,212	0.097015	56.02
57.00 05700 CT SCAN	22,757,544	42,765,892	65,523,436	0.025261	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,728,309	30,030,898	34,759,207	0.046998	58.00
59.00 05900 CARDIAC CATHETERIZATION	16,442,082	9,267,192	25,709,274	0.127501	59.00
59.01 05901 GASTRO INTESTINAL	6,747,340	22,517,722	29,265,062	0.141224	59.01
60.00 06000 LABORATORY	40,271,539	26,731,858	67,003,397	0.143805	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,245,196	468,194	2,713,390	0.509878	63.00
65.00 06500 RESPIRATORY THERAPY	8,645,129	996,609	9,641,738	0.221673	65.00
66.00 06600 PHYSICAL THERAPY	8,256,493	10,766,268	19,022,761	0.231780	66.00
66.01 06601 TCU REHAB	3,157,796	0	3,157,796	0.415333	66.01
68.00 06800 SPEECH PATHOLOGY	10,066	674,903	684,969	0.385325	68.00
69.00 06900 ELECTROCARDIOLOGY	10,594,951	12,014,952	22,609,903	0.054055	69.00
69.01 06901 CARDIAC REHAB	736	1,263,530	1,264,266	0.663467	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,956,498	27,557,500	53,513,998	0.100052	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	20,623,602	8,991,208	29,614,810	0.376373	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	78,338,570	28,854,620	107,193,190	0.114661	73.00
74.00 07400 RENAL DIALYSIS	1,679,336	82,541	1,761,877	0.381599	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	22,767,121	51,013,994	73,781,115	0.137441	91.00
91.01 09101 FAMILY PRACTICES	0	10,019,384	10,019,384	0.411160	91.01
91.02 09102 PSYCH DAY HOSPITAL	554	2,165,036	2,165,590	0.454931	91.02
91.03 09103 WOUND CARE	17,631	1,398,282	1,415,913	0.190245	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,023,878	7,583,143	8,607,021	0.251756	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100 HOME HEALTH AGENCY	0	11,096,046	11,096,046		101.00
200.00	Subtotal (see instructions)	537,566,914	460,811,069	998,377,983	200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)	537,566,914	460,811,069	998,377,983	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000				30.00
					ADULTS & PEDIATRICS
31.00	03100				31.00
					INTENSIVE CARE UNIT
40.00	04000				40.00
					SUBPROVIDER - IPF
43.00	04300				43.00
					NURSERY
44.00	04400				44.00
					SKILLED NURSING FACILITY
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0.000000			50.00
					OPERATING ROOM
51.00	05100	0.000000			51.00
					RECOVERY ROOM
52.00	05200	0.000000			52.00
					DELIVERY ROOM & LABOR ROOM
53.00	05300	0.000000			53.00
					ANESTHESIOLOGY
54.00	05400	0.000000			54.00
					RADIOLOGY-DIAGNOSTIC
56.00	05600	0.000000			56.00
					RADIOISOTOPE
56.01	03630	0.000000			56.01
					ULTRA SOUND
56.02	03440	0.000000			56.02
					MAMMOGRAPHY
57.00	05700	0.000000			57.00
					CT SCAN
58.00	05800	0.000000			58.00
					MAGNETIC RESONANCE IMAGING (MRI)
59.00	05900	0.000000			59.00
					CARDIAC CATHETERIZATION
59.01	05901	0.000000			59.01
					GASTRO INTESTINAL
60.00	06000	0.000000			60.00
					LABORATORY
63.00	06300	0.000000			63.00
					BLOOD STORING, PROCESSING & TRANS.
65.00	06500	0.000000			65.00
					RESPIRATORY THERAPY
66.00	06600	0.000000			66.00
					PHYSICAL THERAPY
66.01	06601	0.000000			66.01
					TCU REHAB
68.00	06800	0.000000			68.00
					SPEECH PATHOLOGY
69.00	06900	0.000000			69.00
					ELECTROCARDIOLOGY
69.01	06901	0.000000			69.01
					CARDIAC REHAB
71.00	07100	0.000000			71.00
					MEDICAL SUPPLIES CHARGED TO PATIENTS
72.00	07200	0.000000			72.00
					IMPL. DEV. CHARGED TO PATIENTS
73.00	07300	0.000000			73.00
					DRUGS CHARGED TO PATIENTS
74.00	07400	0.000000			74.00
					RENAL DIALYSIS
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	0.000000			91.00
					EMERGENCY
91.01	09101	0.000000			91.01
					FAMILY PRACTICES
91.02	09102	0.000000			91.02
					PSYCH DAY HOSPITAL
91.03	09103	0.000000			91.03
					WOUND CARE
92.00	09200	0.000000			92.00
					OBSERVATION BEDS (NON-DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS					
101.00	10100				101.00
					HOME HEALTH AGENCY
200.00					200.00
					Subtotal (see instructions)
201.00					201.00
					Less Observation Beds
202.00					202.00
					Total (see instructions)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140054

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

Worksheet D
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Title XVIII		Hospital	PPS
		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	17,107	1,193,555	30.00
31.00	03100	INTENSIVE CARE UNIT	2,179	186,871	31.00
40.00	04000	SUBPROVIDER - IPF	5,706	419,847	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7,787	366,456	44.00
200.00		Total (lines 30-199)	32,779	2,166,729	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS Provider CCN: 140054 Period: From 10/01/2011 To 09/30/2012 Worksheet D Part II Date/Time Prepared: 2/27/2013 12:49 pm

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	1,301,772	94,370,036	0.013794	15,816,628	218,175	50.00
51.00	05100	RECOVERY ROOM	125,888	19,381,891	0.006495	2,112,088	13,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	339,009	31,564,018	0.010740	25,957	279	52.00
53.00	05300	ANESTHESIOLOGY	28,193	34,623,662	0.000814	3,968,030	3,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	878,205	37,824,201	0.023218	3,801,571	88,265	54.00
56.00	05600	RADIOISOTOPE	88,749	11,508,057	0.007712	1,148,643	8,858	56.00
56.01	03630	ULTRA SOUND	19,556	17,481,188	0.001119	1,802,295	2,017	56.01
56.02	03440	MAMMOGRAPHY	199,252	16,812,212	0.011852	2,474	29	56.02
57.00	05700	CT SCAN	104,118	65,523,436	0.001589	8,829,643	14,030	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,033	34,759,207	0.000720	1,678,441	1,208	58.00
59.00	05900	CARDIAC CATHETERIZATION	185,037	25,709,274	0.007197	5,593,744	40,258	59.00
59.01	05901	GASTRO INTESTINAL	329,118	29,265,062	0.011246	2,213,326	24,891	59.01
60.00	06000	LABORATORY	836,705	67,003,397	0.012488	16,044,644	200,366	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	53,999	2,713,390	0.019901	488,501	9,722	63.00
65.00	06500	RESPIRATORY THERAPY	110,776	9,641,738	0.011489	3,667,975	42,141	65.00
66.00	06600	PHYSICAL THERAPY	374,084	19,022,761	0.019665	4,066,722	79,972	66.00
66.01	06601	TCU REHAB	116,579	3,157,796	0.036918	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	54,460	684,969	0.079507	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,456	22,609,903	0.004576	5,126,674	23,460	69.00
69.01	06901	CARDIAC HEHAB	296,638	1,264,266	0.234633	260	61	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	104,139	53,513,998	0.001946	8,030,378	15,627	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	202,598	29,614,810	0.006841	7,791,474	53,301	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	318,963	107,193,190	0.002976	26,592,050	79,138	73.00
74.00	07400	RENAL DIALYSIS	17,495	1,761,877	0.009930	989,547	9,826	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	656,545	73,781,115	0.008899	8,140,600	72,443	91.00
91.01	09101	FAMILY PRACTICES	542,219	10,019,384	0.054117	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	337,629	2,165,590	0.155906	0	0	91.02
91.03	09103	WOUND CARE	3,672	1,415,913	0.002593	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	228,913	8,607,021	0.026596	685,743	18,238	92.00
200.00		Total (lines 50-199)	7,982,800	832,993,362		128,617,408	1,019,253	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

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

Worksheet D
Part III
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

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

Worksheet D
Part III
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Total Patient Days	Title XVIII		Hospital		PPS
		Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	56,648	0.00	17,107	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,648	0.00	2,179	0	0	31.00
40.00 04000 SUBPROVIDER - IPF	7,742	0.00	5,706	0	0	40.00
43.00 04300 NURSERY	4,358	0.00	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	12,475	0.00	7,787	0	0	44.00
200.00 Total (lines 30-199)	85,871		32,779	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part III Date/Time Prepared: 2/27/2013 12:49 pm
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Cost Center Description	Title XVIII		Hospital	PPS
	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
40.00 04000 SUBPROVIDER - IPF		0	0	40.00
43.00 04300 NURSERY		0	0	43.00
44.00 04400 SKILLED NURSING FACILITY		0	0	44.00
200.00 Total (lines 30-199)		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94,370,036	0.000000	0.000000	15,816,628	50.00
51.00	05100	RECOVERY ROOM	0	19,381,891	0.000000	0.000000	2,112,088	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,564,018	0.000000	0.000000	25,957	52.00
53.00	05300	ANESTHESIOLOGY	0	34,623,662	0.000000	0.000000	3,968,030	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,824,201	0.000000	0.000000	3,801,571	54.00
56.00	05600	RADIOISOTOPE	0	11,508,057	0.000000	0.000000	1,148,643	56.00
56.01	03630	ULTRA SOUND	0	17,481,188	0.000000	0.000000	1,802,295	56.01
56.02	03440	MAMMOGRAPHY	0	16,812,212	0.000000	0.000000	2,474	56.02
57.00	05700	CT SCAN	0	65,523,436	0.000000	0.000000	8,829,643	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	34,759,207	0.000000	0.000000	1,678,441	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,709,274	0.000000	0.000000	5,593,744	59.00
59.01	05901	GASTRO INTESTINAL	0	29,265,062	0.000000	0.000000	2,213,326	59.01
60.00	06000	LABORATORY	0	67,003,397	0.000000	0.000000	16,044,644	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,713,390	0.000000	0.000000	488,501	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,641,738	0.000000	0.000000	3,667,975	65.00
66.00	06600	PHYSICAL THERAPY	0	19,022,761	0.000000	0.000000	4,066,722	66.00
66.01	06601	TCU REHAB	0	3,157,796	0.000000	0.000000	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	684,969	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,609,903	0.000000	0.000000	5,126,674	69.00
69.01	06901	CARDIAC HEHAB	0	1,264,266	0.000000	0.000000	260	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,513,998	0.000000	0.000000	8,030,378	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,614,810	0.000000	0.000000	7,791,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	107,193,190	0.000000	0.000000	26,592,050	73.00
74.00	07400	RENAL DIALYSIS	0	1,761,877	0.000000	0.000000	989,547	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	73,781,115	0.000000	0.000000	8,140,600	91.00
91.01	09101	FAMILY PRACTICES	0	10,019,384	0.000000	0.000000	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	2,165,590	0.000000	0.000000	0	91.02
91.03	09103	WOUND CARE	0	1,415,913	0.000000	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,607,021	0.000000	0.000000	685,743	92.00
200.00		Total (lines 50-199)	0	832,993,362			128,617,408	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		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	11,597,268	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	3,195,084	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	430	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,388,976	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,681,302	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	2,024,697	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	1,725,155	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	10,597,902	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,836,227	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,228,344	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	4,317,214	0	0	0	59.01
60.00	06000	LABORATORY	0	2,425,548	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	62,398	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	213,062	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	111,028	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,922,720	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	659,589	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,010,222	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,116,577	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,484,920	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	48,270	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	5,540,527	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	350,701	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,111,788	0	0	0	92.00
200.00		Total (lines 50-199)	0	77,649,949	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
56.00	05600 RADIOISOTOPE	0	0			56.00
56.01	03630 ULTRA SOUND	0	0			56.01
56.02	03440 MAMMOGRAPHY	0	0			56.02
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
59.01	05901 GASTRO INTESTINAL	0	0			59.01
60.00	06000 LABORATORY	0	0			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
66.01	06601 TCU REHAB	0	0			66.01
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
69.01	06901 CARDIAC HEHAB	0	0			69.01
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
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0			91.00
91.01	09101 FAMILY PRACTICES	0	0			91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0			91.02
91.03	09103 WOUND CARE	0	0			91.03
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: 140054

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

Worksheet D
Part V
Date/Time Prepared:
2/27/2013 12:49 pm

		Title XVIII			Hospital	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges			
			Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.162060	11,597,268	0	0	50.00
51.00	05100 RECOVERY ROOM	0.076401	3,195,084	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.105054	430	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035730	4,388,976	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.156396	3,681,302	0	0	54.00
56.00	05600 RADIOISOTOPE	0.089877	2,024,697	0	0	56.00
56.01	03630 ULTRA SOUND	0.079585	1,725,155	0	0	56.01
56.02	03440 MAMMOGRAPHY	0.097015	0	0	0	56.02
57.00	05700 CT SCAN	0.025261	10,597,902	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.046998	4,836,227	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.127501	1,228,344	0	0	59.00
59.01	05901 GASTRO INTESTINAL	0.141224	4,317,214	0	0	59.01
60.00	06000 LABORATORY	0.143805	2,425,548	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.509878	62,398	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.221673	213,062	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.231780	111,028	0	0	66.00
66.01	06601 TCU REHAB	0.415333	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0.385325	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054055	2,922,720	0	0	69.00
69.01	06901 CARDIAC HEHAB	0.663467	659,589	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.100052	6,010,222	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.376373	3,116,577	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114661	6,484,920	0	36,306	73.00
74.00	07400 RENAL DIALYSIS	0.381599	48,270	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.137441	5,540,527	0	0	91.00
91.01	09101 FAMILY PRACTICES	0.411160	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.454931	350,701	0	0	91.02
91.03	09103 WOUND CARE	0.190245	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.251756	2,111,788	0	0	92.00
200.00	Subtotal (see instructions)		77,649,949	0	36,306	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		77,649,949	0	36,306	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140054

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

Worksheet D
Part V
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Costs			Hospital	PPS
		PPS Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,879,453	0	0		50.00
51.00	05100 RECOVERY ROOM	244,108	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	45	0	0		52.00
53.00	05300 ANESTHESIOLOGY	156,818	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	575,741	0	0		54.00
56.00	05600 RADIOISOTOPE	181,974	0	0		56.00
56.01	03630 ULTRA SOUND	137,296	0	0		56.01
56.02	03440 MAMMOGRAPHY	0	0	0		56.02
57.00	05700 CT SCAN	267,714	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	227,293	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	156,615	0	0		59.00
59.01	05901 GASTRO INTESTINAL	609,694	0	0		59.01
60.00	06000 LABORATORY	348,806	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	31,815	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	47,230	0	0		65.00
66.00	06600 PHYSICAL THERAPY	25,734	0	0		66.00
66.01	06601 TCU REHAB	0	0	0		66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	157,988	0	0		69.00
69.01	06901 CARDIAC HEHAB	437,616	0	0		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	601,335	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,172,995	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	743,567	0	4,163		73.00
74.00	07400 RENAL DIALYSIS	18,420	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	761,496	0	0		91.00
91.01	09101 FAMILY PRACTICES	0	0	0		91.01
91.02	09102 PSYCH DAY HOSPITAL	159,545	0	0		91.02
91.03	09103 WOUND CARE	0	0	0		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	531,655	0	0		92.00
200.00	Subtotal (see instructions)	9,474,953	0	4,163		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	9,474,953	0	4,163		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2011 To 09/30/2012	Worksheet 0 Part II Date/Time Prepared: 2/27/2013 12:49 pm
Title XVIII		Subprovider - IPF	

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	1,301,772	94,370,036	0.013794	0	50.00
51.00	05100 RECOVERY ROOM	125,888	19,381,891	0.006495	52,717	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	339,009	31,564,018	0.010740	0	52.00
53.00	05300 ANESTHESIOLOGY	28,193	34,623,662	0.000814	30,505	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	878,205	37,824,201	0.023218	54,284	54.00
56.00	05600 RADIOISOTOPE	88,749	11,508,057	0.007712	5,090	56.00
56.01	03630 ULTRA SOUND	19,556	17,481,188	0.001119	14,803	56.01
56.02	03440 MAMMOGRAPHY	199,252	16,812,212	0.011852	0	56.02
57.00	05700 CT SCAN	104,118	65,523,436	0.001589	102,292	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	25,033	34,759,207	0.000720	18,356	58.00
59.00	05900 CARDIAC CATHETERIZATION	185,037	25,709,274	0.007197	0	59.00
59.01	05901 GASTRO INTESTINAL	329,118	29,265,062	0.011246	0	59.01
60.00	06000 LABORATORY	836,705	67,003,397	0.012488	828,444	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	53,999	2,713,390	0.019901	0	63.00
65.00	06500 RESPIRATORY THERAPY	110,776	9,641,738	0.011489	57,893	65.00
66.00	06600 PHYSICAL THERAPY	374,084	19,022,761	0.019665	90,111	66.00
66.01	06601 TCU REHAB	116,579	3,157,796	0.036918	0	66.01
68.00	06800 SPEECH PATHOLOGY	54,460	684,969	0.079507	5,933	68.00
69.00	06900 ELECTROCARDIOLOGY	103,456	22,609,903	0.004576	94,181	69.00
69.01	06901 CARDIAC REHAB	296,638	1,264,266	0.234633	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	104,139	53,513,998	0.001946	33,110	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	202,598	29,614,810	0.006841	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	318,963	107,193,190	0.002976	714,794	73.00
74.00	07400 RENAL DIALYSIS	17,495	1,761,877	0.009930	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	656,545	73,781,115	0.008899	392,798	91.00
91.01	09101 FAMILY PRACTICES	542,219	10,019,384	0.054117	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	337,629	2,165,590	0.155906	0	91.02
91.03	09103 WOUND CARE	3,672	1,415,913	0.002593	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,607,021	0.000000	0	92.00
200.00	Total (lines 50-199)	7,753,887	832,993,362		2,495,311	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 14S054

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Title XVIII				Subprovider -	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	IPF		
		1.00	2.00	3.00	4.00	5.00	Total Cost (sum of col 1 through col. 4)	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
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: 140054 Component CCN: 14S054	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 12:49 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	94,370,036	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	19,381,891	0.000000	0.000000	52,717	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	31,564,018	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	34,623,662	0.000000	0.000000	30,505	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	37,824,201	0.000000	0.000000	54,284	54.00
56.00 05600 RADIOISOTOPE	0	11,508,057	0.000000	0.000000	5,090	56.00
56.01 03630 ULTRA SOUND	0	17,481,188	0.000000	0.000000	14,803	56.01
56.02 03440 MAMMOGRAPHY	0	16,812,212	0.000000	0.000000	0	56.02
57.00 05700 CT SCAN	0	65,523,436	0.000000	0.000000	102,292	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	34,759,207	0.000000	0.000000	18,356	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	25,709,274	0.000000	0.000000	0	59.00
59.01 05901 GASTRO INTESTINAL	0	29,265,062	0.000000	0.000000	0	59.01
60.00 06000 LABORATORY	0	67,003,397	0.000000	0.000000	828,444	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,713,390	0.000000	0.000000	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	9,641,738	0.000000	0.000000	57,893	65.00
66.00 06600 PHYSICAL THERAPY	0	19,022,761	0.000000	0.000000	90,111	66.00
66.01 06601 TCU REHAB	0	3,157,796	0.000000	0.000000	0	66.01
68.00 06800 SPEECH PATHOLOGY	0	684,969	0.000000	0.000000	5,933	68.00
69.00 06900 ELECTROCARDIOLOGY	0	22,609,903	0.000000	0.000000	94,181	69.00
69.01 06901 CARDIAC HEHAB	0	1,264,266	0.000000	0.000000	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,513,998	0.000000	0.000000	33,110	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	29,614,810	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	107,193,190	0.000000	0.000000	714,794	73.00
74.00 07400 RENAL DIALYSIS	0	1,761,877	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	73,781,115	0.000000	0.000000	392,798	91.00
91.01 09101 FAMILY PRACTICES	0	10,019,384	0.000000	0.000000	0	91.01
91.02 09102 PSYCH DAY HOSPITAL	0	2,165,590	0.000000	0.000000	0	91.02
91.03 09103 WOUND CARE	0	1,415,913	0.000000	0.000000	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,607,021	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	832,993,362			2,495,311	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 12:49 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	768	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	1,600	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901 GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	1,361	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TCU REHAB	0	0	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,743	0	0	0	69.00
69.01	06901 CARDIAC HEHAB	0	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	22,930	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	30,402	0	0	0	200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 145054

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		PSA Adj.	PSA Adj. All		
		Allied Health	Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0		56.00
56.01	03630 ULTRA SOUND	0	0		56.01
56.02	03440 MAMMOGRAPHY	0	0		56.02
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
59.01	05901 GASTRO INTESTINAL	0	0		59.01
60.00	06000 LABORATORY	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
66.01	06601 TCU REHAB	0	0		66.01
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
69.01	06901 CARDIAC HEHAB	0	0		69.01
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
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0		91.00
91.01	09101 FAMILY PRACTICES	0	0		91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0		91.02
91.03	09103 WOUND CARE	0	0		91.03
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: 140054 Component CCN: 14S054	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/27/2013 12:49 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.162060	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.076401	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.105054	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035730	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156396	768	0	0	54.00
56.00	05600	RADIOISOTOPE	0.089877	0	0	0	56.00
56.01	03630	ULTRA SOUND	0.079585	1,600	0	0	56.01
56.02	03440	MAMMOGRAPHY	0.097015	0	0	0	56.02
57.00	05700	CT SCAN	0.025261	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046998	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127501	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0.141224	0	0	0	59.01
60.00	06000	LABORATORY	0.143805	1,361	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.509878	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.221673	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.231780	0	0	0	66.00
66.01	06601	TCU REHAB	0.415333	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0.385325	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054055	3,743	0	0	69.00
69.01	06901	CARDIAC HEHAB	0.663467	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.100052	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.376373	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114661	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.381599	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.137441	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0.411160	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.454931	22,930	0	0	91.02
91.03	09103	WOUND CARE	0.190245	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.251756	0	0	0	92.00
200.00		Subtotal (see instructions)		30,402	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program only charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		30,402	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140054

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

Worksheet D
Part V
Date/Time Prepared:
2/27/2013 12:49 pm

Component CCN: 14S054

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Costs				
	PPS Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	120	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 03630 ULTRA SOUND	127	0	0		56.01
56.02 03440 MAMMOGRAPHY	0	0	0		56.02
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
59.01 05901 GASTRO INTESTINAL	0	0	0		59.01
60.00 06000 LABORATORY	196	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
66.01 06601 TCU REHAB	0	0	0		66.01
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	202	0	0		69.00
69.01 06901 CARDIAC HEHAB	0	0	0		69.01
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	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	0	0		91.00
91.01 09101 FAMILY PRACTICES	0	0	0		91.01
91.02 09102 PSYCH DAY HOSPITAL	10,432	0	0		91.02
91.03 09103 WOUND CARE	0	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	11,077	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	11,077	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 145848

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

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)	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
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
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901 GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TCU REHAB	0	0	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	0	0	91.03
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: 140054
Component CCN: 145848

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII		Skilled Nursing Facility		PPS				
Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94,370,036	0.000000	0.000000	4,322	50.00
51.00	05100	RECOVERY ROOM	0	19,381,891	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,564,018	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	34,623,662	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,824,201	0.000000	0.000000	123,274	54.00
56.00	05600	RADIOISOTOPE	0	11,508,057	0.000000	0.000000	7,579	56.00
56.01	03630	ULTRA SOUND	0	17,481,188	0.000000	0.000000	37,482	56.01
56.02	03440	MAMMOGRAPHY	0	16,812,212	0.000000	0.000000	0	56.02
57.00	05700	CT SCAN	0	65,523,436	0.000000	0.000000	32,021	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	34,759,207	0.000000	0.000000	7,644	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,709,274	0.000000	0.000000	0	59.00
59.01	05901	GASTRO INTESTINAL	0	29,265,062	0.000000	0.000000	0	59.01
60.00	06000	LABORATORY	0	67,003,397	0.000000	0.000000	950,424	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,713,390	0.000000	0.000000	19,339	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,641,738	0.000000	0.000000	320,610	65.00
66.00	06600	PHYSICAL THERAPY	0	19,022,761	0.000000	0.000000	0	66.00
66.01	06601	TCU REHAB	0	3,157,796	0.000000	0.000000	1,981,177	66.01
68.00	06800	SPEECH PATHOLOGY	0	684,969	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,609,903	0.000000	0.000000	65,156	69.00
69.01	06901	CARDIAC HEHAB	0	1,264,266	0.000000	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,513,998	0.000000	0.000000	11,639	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	29,614,810	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	107,193,190	0.000000	0.000000	3,278,374	73.00
74.00	07400	RENAL DIALYSIS	0	1,761,877	0.000000	0.000000	41,375	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	73,781,115	0.000000	0.000000	0	91.00
91.01	09101	FAMILY PRACTICES	0	10,019,384	0.000000	0.000000	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	2,165,590	0.000000	0.000000	0	91.02
91.03	09103	WOUND CARE	0	1,415,913	0.000000	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,607,021	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	832,993,362			6,880,416	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 145848

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00	Total (lines 50-199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:140054
Component CCN:145848

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

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	56.02
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
59.01	05901 GASTRO INTESTINAL	0	0	59.01
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 TCU REHAB	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC HEHAB	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	91.02
91.03	09103 WOUND CARE	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

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

Worksheet D-1

Date/Time Prepared:
2/27/2013 12:49 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)			56,648 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			56,648 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)			53,367 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			17,107 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)			37,411,850 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)			37,411,850 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			111,408,098 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			111,408,098 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.335809 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,087.58 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)			37,411,850 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)			660.43 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			11,297,976 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)			11,297,976 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

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

Worksheet D-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,651,474	4,648	1,431.04	2,179	3,118,236	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					18,082,442	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,498,654	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,380,426	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,019,253	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,399,679	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					30,098,975	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					3,281	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					660.43	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,166,871	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

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

Worksheet D-1

Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,952,265	37,411,850	0.105642	2,166,871	228,913	90.00
91.00 Nursing school cost	0	37,411,850	0.000000	2,166,871	0	91.00
92.00 Allied health cost	0	37,411,850	0.000000	2,166,871	0	92.00
93.00 All other Medical Education	0	37,411,850	0.000000	2,166,871	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

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

Worksheet D-1

Component CCN: 14S054

Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description

1.00

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,742	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,742	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)	7,742	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)	5,706	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)	5,165,014	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)	5,165,014	27.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28.00	General inpatient routine service charges (excluding swing-bed charges)	18,095,146	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	18,095,146	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.285436	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,337.27	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)	5,165,014	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)	667.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,806,701	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	3,806,701	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

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

Worksheet D-1

Component CCN: 145054

Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					318,184	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,124,885	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)					419,847	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					21,232	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					441,079	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,683,806	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: 140054 Component CCN: 14S054		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/27/2013 12:49 pm	
Title XVIII		Subprovider - IPF		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	569,677	5,165,014	0.110295	0	0	90.00
91.00	Nursing School cost	0	5,165,014	0.000000	0	0	91.00
92.00	Allied health cost	0	5,165,014	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,165,014	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054
Component CCN: 145848

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

Worksheet D-1
Date/Time Prepared:
2/27/2013 12:49 pm
PPS

Title XVIII

Skilled Nursing
Facility

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,475	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,475	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,475	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,787	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)	5,557,710	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)	5,557,710	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	9,970,407	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	9,970,407	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.557421	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)	799.23	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)	5,557,710	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054
Component CCN: 145848

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

Worksheet D-1
Date/Time Prepared:
2/27/2013 12:49 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					5,557,710	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					445,51	71.00
72.00	Program routine service cost (line 9 x line 71)					3,469,186	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					3,469,186	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					3,469,186	83.00
84.00	Program inpatient ancillary services (see instructions)					1,461,646	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					4,930,832	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: 140054
Component CCN: 145848

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

Worksheet D-1
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Skilled Nursing Facility

PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3
			Date/Time Prepared: 2/27/2013 12:49 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		32,172,206		30.00
31.00	03100 INTENSIVE CARE UNIT		6,959,726		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.162060	15,816,628	2,563,243	50.00
51.00	05100 RECOVERY ROOM	0.076401	2,112,088	161,366	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.105054	25,957	2,727	52.00
53.00	05300 ANESTHESIOLOGY	0.035901	3,968,030	142,456	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.156396	3,801,571	594,550	54.00
56.00	05600 RADIOISOTOPE	0.089877	1,148,643	103,237	56.00
56.01	03630 ULTRA SOUND	0.079585	1,802,295	143,436	56.01
56.02	03440 MAMMOGRAPHY	0.097015	2,474	240	56.02
57.00	05700 CT SCAN	0.025261	8,829,643	223,046	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.046998	1,678,441	78,883	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.127501	5,593,744	713,208	59.00
59.01	05901 GASTRO INTESTINAL	0.141224	2,213,326	312,575	59.01
60.00	06000 LABORATORY	0.143805	16,044,644	2,307,300	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.509878	488,501	249,076	63.00
65.00	06500 RESPIRATORY THERAPY	0.221673	3,667,975	813,091	65.00
66.00	06600 PHYSICAL THERAPY	0.231780	4,066,722	942,585	66.00
66.01	06601 TCU REHAB	0.415333	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0.385325	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054055	5,126,674	277,122	69.00
69.01	06901 CARDIAC HEHAB	0.663467	260	173	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.100052	8,030,378	803,455	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.376373	7,791,474	2,932,500	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.114661	26,592,050	3,049,071	73.00
74.00	07400 RENAL DIALYSIS	0.381599	989,547	377,610	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.137441	8,140,600	1,118,852	91.00
91.01	09101 FAMILY PRACTICES	0.411160	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.455458	0	0	91.02
91.03	09103 WOUND CARE	0.190245	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.251756	685,743	172,640	92.00
200.00	Total (sum of lines 50-94 and 96-98)		128,617,408	18,082,442	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)		128,617,408		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/27/2013 12:49 pm	
Cost Center Description		Title XVIII	Subprovider - IPF	PPS	
		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
40.00	04000	SUBPROVIDER - IPF	13,400,491		40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.162060	0	50.00
51.00	05100	RECOVERY ROOM	0.076401	52,717	4,028
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.105054	0	0
53.00	05300	ANESTHESIOLOGY	0.035901	30,505	1,095
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156396	54,284	8,490
56.00	05600	RADIOISOTOPE	0.089877	5,090	457
56.01	03630	ULTRA SOUND	0.079585	14,803	1,178
56.02	03440	MAMMOGRAPHY	0.097015	0	0
57.00	05700	CT SCAN	0.025261	102,292	2,584
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046998	18,356	863
59.00	05900	CARDIAC CATHETERIZATION	0.127501	0	0
59.01	05901	GASTRO INTESTINAL	0.141224	0	0
60.00	06000	LABORATORY	0.143805	828,444	119,134
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.509878	0	0
65.00	06500	RESPIRATORY THERAPY	0.221673	57,893	12,833
66.00	06600	PHYSICAL THERAPY	0.231780	90,111	20,886
66.01	06601	TCU REHAB	0.415333	0	0
68.00	06800	SPEECH PATHOLOGY	0.385325	5,933	2,286
69.00	06900	ELECTROCARDIOLOGY	0.054055	94,181	5,091
69.01	06901	CARDIAC HEHAB	0.663467	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.100052	33,110	3,313
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.376373	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114661	714,794	81,959
74.00	07400	RENAL DIALYSIS	0.381599	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.137441	392,798	53,987
91.01	09101	FAMILY PRACTICES	0.411160	0	0
91.02	09102	PSYCH DAY HOSPITAL	0.455458	0	0
91.03	09103	WOUND CARE	0.190245	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.251756	0	0
200.00		Total (sum of lines 50-94 and 96-98)		2,495,311	318,184
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		2,495,311	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140054 Component CCN: 145848	Period: From 10/01/2011 To 09/30/2012	worksheet D-3 Date/Time Prepared: 2/27/2013 12:49 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		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.162060	4,322	700
51.00	05100	RECOVERY ROOM	0.076401	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.105054	0	0
53.00	05300	ANESTHESIOLOGY	0.035730	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156396	123,274	19,280
56.00	05600	RADIOISOTOPE	0.089877	7,579	681
56.01	03630	ULTRA SOUND	0.079585	37,482	2,983
56.02	03440	MAMMOGRAPHY	0.097015	0	0
57.00	05700	CT SCAN	0.025261	32,021	809
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046998	7,644	359
59.00	05900	CARDIAC CATHETERIZATION	0.127501	0	0
59.01	05901	GASTRO INTESTINAL	0.141224	0	0
60.00	06000	LABORATORY	0.143805	950,424	136,676
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.509878	19,339	9,861
65.00	06500	RESPIRATORY THERAPY	0.221673	320,610	71,071
66.00	06600	PHYSICAL THERAPY	0.231780	0	0
66.01	06601	TCU REHAB	0.415333	1,981,177	822,848
68.00	06800	SPEECH PATHOLOGY	0.385325	0	0
69.00	06900	ELECTROCARDIOLOGY	0.054055	65,156	3,522
69.01	06901	CARDIAC HEHAB	0.663467	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.100052	11,639	1,165
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.376373	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114661	3,278,374	375,902
74.00	07400	RENAL DIALYSIS	0.381599	41,375	15,789
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.137441	0	0
91.01	09101	FAMILY PRACTICES	0.411160	0	0
91.02	09102	PSYCH DAY HOSPITAL	0.454931	0	0
91.03	09103	WOUND CARE	0.190245	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.251756	0	0
200.00		Total (sum of lines 50-94 and 96-98)		6,880,416	1,461,646
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		6,880,416	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/27/2013 12:49 pm
Title XVIII		Hospital	PPS	
		before 1/1	on/after 1/1	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments	34,638,394		1.00
2.00	Outlier payments for discharges. (see instructions)	368,397		2.00
2.01	Outlier reconciliation amount	0		2.01
3.00	Managed Care simulated Payments	11,439,454		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	235.04		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)	60.12		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and vol. 67 Federal Register, page 50069, August 1, 2002.	8.48		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)	0.32		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)	68.92		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	74.11		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.52		11.00
12.00	Current year allowable FTE (see instructions)	69.44		12.00
13.00	Total allowable FTE count for the prior year.	60.30		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.	59.59		14.00
15.00	Sum of lines 12 through 14 divided by 3.	63.11		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	63.11		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.268507		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.264683		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.264683		21.00
22.00	IME payment adjustment (see instructions)	6,206,318		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)	5.19		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)	6,206,318		29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.39		30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	30.35		31.00
32.00	Sum of lines 30 and 31	34.74		32.00
33.00	Allowable disproportionate share percentage (see instructions)	17.88		33.00
34.00	Disproportionate share adjustment (see instructions)	6,193,345		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	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	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)	47,406,454		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054

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

Worksheet E
Part A
Date/Time Prepared:
2/27/2013 12:49 pm

		Hospital		PPS
		before 1/1	on/after 1/1	
	Title XVIII	1.00	1.01	
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	47,406,454		49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	3,370,367		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).	3,491,346		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 (from wkst D, Part III, column 9, lines 30-35).	0		57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	54,268,167		59.00
60.00	Primary payer payments	88,030		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	54,180,137		61.00
62.00	Deductibles billed to program beneficiaries	3,262,848		62.00
63.00	Coinsurance billed to program beneficiaries	167,914		63.00
64.00	Allowable bad debts (see instructions)	1,351,012		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	945,708		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	921,162		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	51,695,083		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	51,695,083		71.00
72.00	Interim payments	51,162,957		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)	532,126		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	4,594,144		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)	0		90.00
91.00	Capital outlier from worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time value of Money for operating expenses(see instructions)	0		95.00
96.00	Time value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/27/2013 12:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,163	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,474,953	2.00
3.00	PPS payments		12,221,822	3.00
4.00	Outlier payment (see instructions)		8,897	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)		4,163	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		36,306	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)		36,306	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)		36,306	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		32,143	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)		4,163	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)		12,230,719	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,801,628	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,433,254	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		767,941	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)		10,201,195	30.00
31.00	Primary payer payments		12,633	31.00
32.00	Subtotal (line 30 minus line 31)		10,188,562	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)		757,509	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		530,256	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		607,285	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,718,818	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)		10,718,818	40.00
41.00	Interim payments		10,756,070	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)		-37,252	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: 140054

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

Worksheet E
Part B
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Hospital

PPS

overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 Override of Ancillary service charges (line 12)

0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054
Component CCN: 14S054

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

Worksheet E
Part B
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Subprovider -
IPF

PPS

1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES

1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	11,077	2.00
3.00	PPS payments	9,093	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00

COMPUTATION OF LESSER OF COST OR CHARGES

Reasonable charges

12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00

Customary charges

15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	9,093	24.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

25.00	Deductibles and coinsurance (for CAH, see instructions)	1,956	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	7,137	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)	7,137	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	7,137	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)	7,137	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)	7,137	40.00
41.00	Interim payments	7,136	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)	1	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: 140054
Component CCN: 14S054

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

Worksheet E
Part B
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Subprovider -
IPF

PPS

Overrides
1.00

WORKSHEET OVERRIDE VALUES

112.00 override of Ancillary service charges (line 12)

0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2013 12:49 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		50,851,329		10,668,848	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	05/12/2011	255,671	05/12/2011	74,310	3.01
3.02		09/17/2012	55,957	09/17/2012	12,912	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)		311,628		87,222	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)		51,162,957		10,756,070	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)				0	6.00
6.01	SETTLEMENT TO PROVIDER		532,126		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		37,252	6.02
7.00	Total Medicare program liability (see instructions)		51,695,083		10,718,818	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054
Component CCN: 14S054

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,011,301		7,136	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		4,011,301		7,136	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)		0		1	6.00
6.01	SETTLEMENT TO PROVIDER		1		0	6.01
6.02	SETTLEMENT TO PROGRAM					6.02
7.00	Total Medicare program liability (see instructions)		4,011,300		7,137	7.00
		0		Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054
Component CCN: 145848

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

Title XVIII

Skilled Nursing
Facility

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		2,855,500		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		2,855,500		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,855,501		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

		1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	4,555,307	1.00
2.00	Net IPF PPS Outlier Payments	13,467	2.00
3.00	Net IPF PPS ECT Payments	11,367	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	21.153005	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.	0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	4,580,141	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	4,580,141	16.00
17.00	Primary payer payments	14,535	17.00
18.00	Subtotal (line 16 less line 17).	4,565,606	18.00
19.00	Deductibles	410,628	19.00
20.00	Subtotal (line 18 minus line 19)	4,154,978	20.00
21.00	Coinsurance	143,678	21.00
22.00	Subtotal (line 20 minus line 21)	4,011,300	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	4,011,300	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	4,011,300	31.00
32.00	Interim payments	4,011,301	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	-1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	13,467	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054
Component CCN: 145848

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

Worksheet E-3
Part VI
Date/Time Prepared:
2/27/2013 12:49 pm
PPS

Title XVIII

Skilled Nursing
Facility

1.00

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)

1.00	Resource Utilization Group Payment (RUGS)	3,098,451	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	3,098,451	4.00
COMPUTATION OF NET COST OF COVERED SERVICES			
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	242,950	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	2,855,501	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)	2,855,501	15.00
16.00	Interim payments	2,855,500	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/27/2013 12:49 pm
	Title XVIII	Hospital	PPS

			1.00	
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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.			62.12	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			8.28	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)			0.32	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)			70.72	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			74.22	6.00
7.00	Enter the lesser of line 5 or line 6			70.72	7.00

		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	49.73	23.55	73.28	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.	47.38	22.44	69.82	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.49		10.00
11.00	Total weighted FTE count	47.38	22.93		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.50	23.65		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	38.99	19.71		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	41.29	22.10		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	41.29	22.10		17.00
18.00	Per resident amount	144,266.97	143,112.03		18.00
19.00	Approved amount for resident costs	5,956,783	3,162,776	9,119,559	19.00

				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.50	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)			9,119,559	25.00

	Inpatient Part A 1.00	Managed care 2.00	Total 3.00	
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COMPUTATION OF PROGRAM PATIENT LOAD

26.00	Inpatient Days	24,992	6,661		26.00
27.00	Total Inpatient Days (see instructions)	65,757	65,757		27.00
28.00	Ratio of inpatient days to total inpatient days	0.380066	0.101297		28.00
29.00	Program direct GME amount	3,466,034	923,784		29.00
30.00	Reduction for direct GME payments for Medicare managed care		130,531		30.00
31.00	Net Program direct GME amount			4,259,287	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/27/2013 12:49 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)	1,761,877	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)	43,191,176	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)	102,565	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	43,088,611	41.00
Part B Reasonable Cost			
42.00	Reasonable cost (see instructions)	9,490,193	42.00
43.00	Primary payer payments (see instructions)	12,633	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	9,477,560	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	52,566,171	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.819702	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.180298	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48.00	Total program GME payment (line 31)	4,259,287	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	3,491,346	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	767,941	50.00

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

Provider CCN: 140054

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

Worksheet G

Date/Time Prepared:
2/27/2013 12:49 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	61,253	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	58,083,249	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,410,277	0	0	0	6.00
7.00	Inventory	3,708,914	0	0	0	7.00
8.00	Prepaid expenses	1,969,471	0	0	0	8.00
9.00	Other current assets	1,679,350	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)	54,091,960	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,956,337	0	0	0	12.00
13.00	Land improvements	419,041	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	90,972,237	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,941,587	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	90,169,954	0	0	0	23.00
24.00	Accumulated depreciation	-99,633,440	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	583,762	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	90,409,478	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,404,013	0	0	0	31.00
32.00	Deposits on leases	117,238	0	0	0	32.00
33.00	Due from owners/officers	4,528,571	0	0	0	33.00
34.00	Other assets	634,802	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,684,624	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	151,186,062	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,638,388	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,859,439	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,416,334	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,914,161	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	285,171,302	0	0	0	46.00
47.00	Notes payable	-4,284,986	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,733,479	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	283,619,795	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	309,533,956	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-158,347,894	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-158,347,894	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	151,186,062	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140054

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

Worksheet G-1

Date/Time Prepared:
2/27/2013 12:49 pm

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
1.00 Fund balances at beginning of period		-53,868,306		0	1.00
2.00 Net income (loss) (from wkst. G-3, line 29)		14,595,400			2.00
3.00 Total (sum of line 1 and line 2)		-39,272,906		0	3.00
4.00 Additions (credit adjustments) (specify)	0		0		4.00
5.00	0		0		5.00
6.00	0		0		6.00
7.00	0		0		7.00
8.00	0		0		8.00
9.00	0		0		9.00
10.00 Total additions (sum of line 4-9)		0		0	10.00
11.00 Subtotal (line 3 plus line 10)		-39,272,906		0	11.00
12.00 Deductions (debit adjustments) (specify)	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 Total deductions (sum of lines 12-17)		0		0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		-39,272,906		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140054

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

Worksheet G-1

Date/Time Prepared:
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	Endowment Fund		Plant Fund		
	5.00	6.00	7.00	8.00	
1.00 Fund balances at beginning of period		0		0	1.00
2.00 Net income (loss) (from wkst. G-3, line 29)					2.00
3.00 Total (sum of line 1 and line 2)		0		0	3.00
4.00 Additions (credit adjustments) (specify)	0		0		4.00
5.00	0		0		5.00
6.00	0		0		6.00
7.00	0		0		7.00
8.00	0		0		8.00
9.00	0		0		9.00
10.00 Total additions (sum of line 4-9)		0		0	10.00
11.00 Subtotal (line 3 plus line 10)		0		0	11.00
12.00 Deductions (debit adjustments) (specify)	0		0		12.00
13.00	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)		0		0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140054

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
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Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	111,408,098		111,408,098	1.00
2.00	SUBPROVIDER - IPF	18,095,146		18,095,146	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	9,970,407		9,970,407	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)	139,473,651		139,473,651	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,814,924		14,814,924	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,814,924		14,814,924	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	154,288,575		154,288,575	17.00
18.00	Ancillary services	359,471,489	377,532,852	737,004,341	18.00
19.00	Outpatient services	23,809,184	72,179,839	95,989,023	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		11,096,046	11,096,046	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY	15,130	59,292	74,422	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	537,584,378	460,868,029	998,452,407	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		234,230,225		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		234,230,225		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140054

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

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	998,452,407	1.00
2.00	Less contractual allowances and discounts on patients' accounts	756,871,173	2.00
3.00	Net patient revenues (line 1 minus line 2)	241,581,234	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	234,230,225	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,351,009	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	230,879	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	660,811	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	30,937	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	17,718	21.00
22.00	Rental of hospital space	202,101	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	6,101,950	24.00
25.00	Total other income (sum of lines 6-24)	7,244,396	25.00
26.00	Total (line 5 plus line 25)	14,595,405	26.00
27.00	OTHER EXPENSES (SPECIFY)	5	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,595,400	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140054

Period: From 10/01/2011

Worksheet H

HHA CCN: 147285

To 09/30/2012

Date/Time Prepared: 2/27/2013 12:49 pm

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	Salaries 1.00	Employee Benefits 2.00	Transportation (see instructions) 3.00	Contracted/Purchased Services 4.00	Other Costs 5.00	
GENERAL SERVICE COST CENTERS						
1.00			0		0	1.00
2.00			0		0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	1,584,165	276,530	0	0	960,637	5.00
HHA REIMBURSABLE SERVICES						
6.00	2,416,127	421,757	0	158,415	0	6.00
7.00	1,086,522	189,662	0	0	0	7.00
8.00	233,975	40,842	0	0	0	8.00
9.00	3,618	632	0	0	0	9.00
10.00	39,207	6,844	0	0	0	10.00
11.00	6,998	1,222	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
24.00	5,370,612	937,489	0	158,415	960,637	24.00

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

Health Financial Systems

MACNEAL HOSPITAL

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140054

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

Worksheet H

HHA CCN: 147285

Date/Time Prepared:
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	Total (sum of cols. 1 thru 5)	Reclassificati on	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	2,821,332	-332,476	2,488,856	-92,643	2,396,213 5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	2,996,299	0	2,996,299	0	2,996,299 6.00
7.00	Physical Therapy	1,276,184	0	1,276,184	0	1,276,184 7.00
8.00	Occupational Therapy	274,817	0	274,817	0	274,817 8.00
9.00	Speech Pathology	4,250	0	4,250	0	4,250 9.00
10.00	Medical Social Services	46,051	0	46,051	0	46,051 10.00
11.00	Home Health Aide	8,220	0	8,220	0	8,220 11.00
12.00	Supplies (see instructions)	0	0	0	0	0 12.00
13.00	Drugs	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	7,427,153	-332,476	7,094,677	-92,643	7,002,034 24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140054
HHA CCN: 147285

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

Worksheet H-1
Part I
Date/Time Prepared:
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		Capital Related Costs				
		Net Expenses for Cost Allocation (from wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation
			0	1.00	2.00	3.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0
2.00	Capital Related - Movable Equipment	0	0	0	0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	2,396,213	0	0	0	0
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	2,996,299	0	0	0	0
7.00	Physical Therapy	1,276,184	0	0	0	0
8.00	Occupational Therapy	274,817	0	0	0	0
9.00	Speech Pathology	4,250	0	0	0	0
10.00	Medical Social Services	46,051	0	0	0	0
11.00	Home Health Aide	8,220	0	0	0	0
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
24.00	Total (sum of lines 1-23)	7,002,034	0	0	0	0

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140054

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

Worksheet H-1
Part I
Date/Time Prepared:
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		Subtotal (cols. 0-4) 4A.00	Administrative & General 5.00	Total (cols. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	2,396,213	2,396,213		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	2,996,299	1,558,846	4,555,145	6.00
7.00	Physical Therapy	1,276,184	663,945	1,940,129	7.00
8.00	Occupational Therapy	274,817	142,976	417,793	8.00
9.00	Speech Pathology	4,250	2,211	6,461	9.00
10.00	Medical social Services	46,051	23,958	70,009	10.00
11.00	Home Health Aide	8,220	4,277	12,497	11.00
12.00	Supplies (see instructions)	0	0	0	12.00
13.00	Drugs	0	0	0	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	7,002,034		7,002,034	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140054
HHA CCN: 147285

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

Worksheet H-1
Part II
Date/Time Prepared:
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		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-2,396,213	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,396,213	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140054	Period: From 10/01/2011 To 09/30/2012	Worksheet H-1 Part II Date/Time Prepared: 2/27/2013 12:49 pm
		HHA CCN: 147285	Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	4,605,821	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	2,996,299	6.00
7.00	Physical Therapy	1,276,184	7.00
8.00	Occupational Therapy	274,817	8.00
9.00	Speech Pathology	4,250	9.00
10.00	Medical Social Services	46,051	10.00
11.00	Home Health Aide	8,220	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	4,605,821	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	2,396,213	25.00
26.00	Unit Cost Multiplier	0.520258	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054
HHA CCN: 147285

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

Worksheet H-2
Part I
Date/Time Prepared:
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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS 4.00	Subtotal 4A	
		BLDG & FIXT 1.00	MVBLE EQUIP 2.00			
		0	1.00			
1.00 Administrative and General	0	59,922	70,832	878,052	1,008,806	1.00
2.00 Skilled Nursing Care	4,555,145	0	0	0	4,555,145	2.00
3.00 Physical Therapy	1,940,129	0	0	0	1,940,129	3.00
4.00 Occupational Therapy	417,793	0	0	0	417,793	4.00
5.00 Speech Pathology	6,461	0	0	0	6,461	5.00
6.00 Medical Social Services	70,009	0	0	0	70,009	6.00
7.00 Home Health Aide	12,497	0	0	0	12,497	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	7,002,034	59,922	70,832	878,052	8,010,840	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054
HHA CCN: 147285

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

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health
Agency I

PPS

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	6.00	8.00	9.00	10.00	
1.00 Administrative and General	242,326	172,623	0	71,305	0	1.00
2.00 Skilled Nursing Care	1,094,197	0	0	0	0	2.00
3.00 Physical Therapy	466,040	0	0	0	0	3.00
4.00 Occupational Therapy	100,358	0	0	0	0	4.00
5.00 Speech Pathology	1,552	0	0	0	0	5.00
6.00 Medical Social Services	16,817	0	0	0	0	6.00
7.00 Home Health Aide	3,002	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,924,292	172,623	0	71,305	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

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

Worksheet H-2
Part I
Date/Time Prepared:
2/27/2013 12:49 pm

HHA CCN: 147285

Home Health
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	80,455	12,058	0	0	41,599	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	80,455	12,058	0	0	41,599	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054
HHA CCN: 147285

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

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Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	24.00	25.00	26.00	
1.00 Administrative and General	0	0	1,629,172	0	1,629,172	1.00
2.00 Skilled Nursing Care	0	0	5,649,342	0	5,649,342	2.00
3.00 Physical Therapy	0	0	2,406,169	0	2,406,169	3.00
4.00 Occupational Therapy	0	0	518,151	0	518,151	4.00
5.00 Speech Pathology	0	0	8,013	0	8,013	5.00
6.00 Medical Social Services	0	0	86,826	0	86,826	6.00
7.00 Home Health Aide	0	0	15,499	0	15,499	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	10,313,172	0	10,313,172	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

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

Worksheet H-2
Part I
Date/Time Prepared:
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HHA CCN: 147285

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Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	1,059,852	6,709,194	2.00
3.00	Physical Therapy	451,412	2,857,581	3.00
4.00	Occupational Therapy	97,208	615,359	4.00
5.00	Speech Pathology	1,503	9,516	5.00
6.00	Medical Social Services	16,289	103,115	6.00
7.00	Home Health Aide	2,908	18,407	7.00
8.00	Supplies (see instructions)	0	0	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,629,172	10,313,172	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.187606		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140054 HHA CCN: 147285	Period: From 10/01/2011 To 09/30/2012	worksheet H-2 Part II Date/Time Prepared: 2/27/2013 12:49 pm PPS
		Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
1.00 Administrative and General	6,174	6,174	5,370,611	5A	1,008,806	1.00	
2.00 Skilled Nursing Care	0	0	0	0	4,555,145	2.00	
3.00 Physical Therapy	0	0	0	0	1,940,129	3.00	
4.00 Occupational Therapy	0	0	0	0	417,793	4.00	
5.00 Speech Pathology	0	0	0	0	6,461	5.00	
6.00 Medical Social Services	0	0	0	0	70,009	6.00	
7.00 Home Health Aide	0	0	0	0	12,497	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19)	6,174	6,174	5,370,611		8,010,840	20.00	
21.00 Total cost to be allocated	59,922	70,832	878,052		1,924,292	21.00	
22.00 Unit cost multiplier	9.705539	11.472627	0.163492		0.240211	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054
HHA CCN: 147285

Period:
From 10/01/2011
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Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	6,174	0	6,174	0	4,352	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	6,174	0	6,174	0	4,352	20.00
21.00	Total cost to be allocated	172,623	0	71,305	0	80,455	21.00
22.00	Unit cost multiplier	27.959670	0.000000	11.549239	0.000000	18.486903	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054
HHA CCN: 147285

Period:
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Part II
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
	13.00	14.00	15.00	16.00		
1.00 Administrative and General	3,568	0	0	11,096,046		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	3,568	0	0	11,096,046		20.00
21.00 Total cost to be allocated	12,058	0	0	41,599		21.00
22.00 Unit cost multiplier	3.379484	0.000000	0.000000	0.003749		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140054 HHA CCN: 147285	Period: From 10/01/2011 To 09/30/2012	worksheet H-2 Part II Date/Time Prepared: 2/27/2013 12:49 pm
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Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALAR	SERVICES-OTHER		
	Y & FRINGES (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0		20.00
21.00 Total cost to be allocated	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140054

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

Worksheet H-3
Parts I-II
Date/Time Prepared:
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HHA CCN: 147285

Title XVIII

Home Health
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Cost Center Description	From, wkst. H-2, Part I, col. 28, line	Facility Costs (from wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits
	0	1.00	2.00	3.00	4.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR

BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	6,709,194		6,709,194	33,534	1.00
2.00	Physical Therapy	3.00	2,857,581	0	2,857,581	16,443	2.00
3.00	Occupational Therapy	4.00	615,359	0	615,359	3,381	3.00
4.00	Speech Pathology	5.00	9,516	0	9,516	128	4.00
5.00	Medical Social Services	6.00	103,115		103,115	607	5.00
6.00	Home Health Aide	7.00	18,407		18,407	181	6.00
7.00	Total (sum of lines 1-6)		10,313,172	0	10,313,172	54,274	7.00

Program Visits

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B	
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles
	0	1.00	2.00	3.00	4.00

Limitation Cost Computation

8.00	Skilled Nursing Care	16974	6,070	3,971	8.00
9.00	Physical Therapy	16974	3,036	1,587	9.00
10.00	Occupational Therapy	16974	660	436	10.00
11.00	Speech Pathology	16974	0	10	11.00
12.00	Medical Social Services	16974	119	101	12.00
13.00	Home Health Aide	16974	38	23	13.00
14.00	Total (sum of lines 8-13)		9,923	6,128	14.00

Cost Center Description

From wkst. H-2 Part I, col. 28, line	Facility Costs (from wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)
0	1.00	2.00	3.00	4.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	0	0	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	16.00

Cost Center Description

From wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)
0	1.00	2.00	3.00

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00	Physical Therapy	66.00	0.231780	0	0	1.00
1.01	Physical Therapy 1	66.01	0.415333	0	0	1.01
2.00	Occupational Therapy					2.00
3.00	Speech Pathology	68.00	0.385325	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.100052	0	0	4.00
5.00	Cost of Drugs	73.00	0.114661	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140054

Period:
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Parts I-II
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Title XVIII

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Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	200.07	6,070	3,971		1.00
2.00	Physical Therapy	173.79	3,036	1,587		2.00
3.00	Occupational Therapy	182.01	660	436		3.00
4.00	Speech Pathology	74.34	0	10		4.00
5.00	Medical Social Services	169.88	119	101		5.00
6.00	Home Health Aide	101.70	38	23		6.00
7.00	Total (sum of lines 1-6)		9,923	6,128		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			5.00	6.00		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000		0	0	15.00
16.00	Cost of Drugs	0.000000				16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		col. 2, line 2.00			1.00
1.01	Physical Therapy 1		col. 2, line 2.01			1.01
2.00	Occupational Therapy					2.00
3.00	Speech Pathology		col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00			4.00
5.00	Cost of Drugs		col. 2, line 16.00			5.00

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Cost Center Description	Cost of Services			Total Program Cost (sum of cols. 9-10)	
	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	1,214,425	794,478	2,008,903	1.00
2.00	Physical Therapy	527,626	275,805	803,431	2.00
3.00	Occupational Therapy	120,127	79,356	199,483	3.00
4.00	Speech Pathology	0	743	743	4.00
5.00	Medical Social Services	20,216	17,158	37,374	5.00
6.00	Home Health Aide	3,865	2,339	6,204	6.00
7.00	Total (sum of lines 1-6)	1,886,259	1,169,879	3,056,138	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies		0	0	15.00
16.00	Cost of Drugs		0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 140054
HHA CCN: 147285

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

Worksheet H-4
Part I-II
Date/Time Prepared:
2/27/2013 12:49 pm

		Title XVIII	Home Health Agency I		PPS
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,838,703	1,126,621	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		9,193	5,373	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		48,961	44,387	13.00
14.00	Total PPS Reimbursement - PEP Episodes		24,788	18,057	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		1,193	1,066	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,922,838	1,195,504	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		1,922,838	1,195,504	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		1,922,838	1,195,504	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,922,838	1,195,504	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		1,922,838	1,195,504	31.00
32.00	Interim payments (see instructions)		1,922,838	1,195,504	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	35.00

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

Provider CCN: 140054
HHA CCN: 147285

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

worksheet H-5
Date/Time Prepared:
2/27/2013 12:49 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,922,838		1,195,504	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. H-4, Part II, column as appropriate, line 32)		1,922,838		1,195,504	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,922,838		1,195,504	7.00
		0		Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140054

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

Worksheet I-5

Date/Time Prepared:
2/27/2013 12:49 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: 140054	Period: From 10/01/2011 To 09/30/2012	worksheet L Parts I-III Date/Time Prepared: 2/27/2013 12:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,801,145	1.00
2.00	Capital DRG outlier payments		31,963	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		158.51	3.00
4.00	Number of interns & residents (see instructions)		63.11	4.00
5.00	Indirect medical education percentage (see instructions)		11.89	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		333,056	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.39	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		30.35	8.00
9.00	Sum of lines 7 and 8		34.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.29	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		204,203	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,370,367	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