

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: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/28/2012 8:20 pm
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**PART I - COST REPORT STATUS**

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

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: 11/28/2012 Time: 8:20 pm

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

Encryption Information  
 ECR: Date: 11/28/2012 Time: 8:20 pm  
 XAlm22EgTX1dY8YsvBROMI5al dRn.0  
 Kki aH0eD9u9I vOg5: UarpQHlB6Ddue  
 q2ff1bo80a0t. zjF  
 PI: Date: 11/28/2012 Time: 8:20 pm  
 kFh6rgKK0tFNwQZRYSIqfIzAl WKvn1  
 7KgSG0. C9ZmzUJHa741nwtkjWaeqC3  
 OaTJa7JL6JOVHVJd

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date

	Title V 1.00	Title XVIII		Title IX 4.00	Title X 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-160,214	34,222	-68,023	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-18,627	-22	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	3,679	2	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-175,162	34,202	-68,023	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: 140063		Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 8:20 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 520 SOUTH MAPLE			PO Box:						
2.00	City: OAK PARK			State: IL		Zip Code: 60603-		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		OAK PARK HOSPITAL REHABILITATION UNIT	14T063	16974	5	01/01/1992	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF							N	N	N
8.00	Swing Beds - NF							N	N	N
9.00	Hospital-Based SNF		SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N	P	N
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC							N	N	N
16.00	Hospital-Based Health Clinic - FQHC							N	N	N
17.00	Hospital-Based (CMHC) 1									
17.10	Hospital-Based (CORF) 1							N	N	N
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2011	06/30/2012		20.00
21.00	Type of Control (see instructions)						2		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,412	979	0	0	135	0	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			76	23	0	0	26	0	
							Urban/Rural	S	Date of Geogr	
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1		
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		
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscriber line 36 for number of periods in excess of one and enter subsequent dates.									

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 8:20 pm		
		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
<b>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.</b>						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140063

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 8:20 pm		
		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N		80.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
				V	XIX	
				1.00	2.00	
<b>Title V or XIX Inpatient Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00

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			1.00	2.00	3.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0	118.01
			1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
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
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
			1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		
142.00	Street:	PO Box:			
143.00	City:	State:	Zip Code:		
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 8:20 pm
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		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					1.00		
<b>Multi-campus</b>							
165.00	Is this hospital part of a Multi-campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 8:20 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/30/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 8:20 pm
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		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		1.00	2.00	
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
<b>Interest Expense</b>				
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
<b>Purchased Services</b>				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N		33.00
<b>Provider-Based Physicians</b>				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
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.	ELVY	YAP	41.00
42.00	Enter the employer/company name of the cost report preparer.	ROPH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 660-2030	ELVYLENE L YAP [ELVYLENE_L_YAP@RUSH.	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/30/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	ASSISTANT CONTROLLER		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: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 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	151	55,266	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		151	55,266	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	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						13.00
14.00 Total (see instructions)		165	60,390	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,176			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,176			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		237				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	9,296	2,391	15,022		1.00
2.00 HMO		172	135			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	26			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	9,296	2,391	15,022		7.00
8.00 INTENSIVE CARE UNIT	0	1,862	0	2,930		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0	11,158	2,391	17,952		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	1,341	99	1,837		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	4,256	0	5,824		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	940		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,077	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	4.63	702.04	0.00	0	2,077	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	12.24	0.00	0	102	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	26.14	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	4.63	740.42	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	336	3,811		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	336	3,811		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	4	144		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	44,299,691	0	44,299,691	1,502,811.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		286,024	0	286,024	4,399.00	3.00
4.00	Physician-Part A - Administrative		221,782	0	221,782	1,768.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		2,215,958	0	2,215,958	18,440.00	5.00
6.00	Non-physician-Part B		277,477	0	277,477	5,740.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		187,081	0	187,081	9,630.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	1,188,242	0	1,188,242	54,056.00	9.00
10.00	Excluded area salaries (see instructions)		5,491,031	0	5,491,031	157,796.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor (see instructions)		1,567,397	0	1,567,397	35,274.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		127,000	0	127,000	1,634.00	13.00
14.00	Home office salaries & wage-related costs		584,381	0	584,381	3,120.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		8,677,032	0	8,677,032		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,484,833	0	1,484,833		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		45,812	0	45,812		21.00
22.00	Physician Part A - Administrative		23,053	0	23,053		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		300,927	0	300,927		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	551,767	0	551,767	13,431.00	26.00
27.00	Administrative & General	5.00	5,253,181	0	5,253,181	197,160.00	27.00
28.00	Administrative & General under contract (see inst.)		61,500	0	61,500	273.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	743,060	0	743,060	27,379.00	30.00
31.00	Laundry & Linen Service	8.00	61,598	0	61,598	4,459.00	31.00
32.00	Housekeeping	9.00	637,972	0	637,972	51,567.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	784,701	-480,460	304,241	23,650.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	480,460	480,460	37,348.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,335,408	0	1,335,408	37,374.00	38.00
39.00	Central Services and Supply	14.00	302,959	0	302,959	17,753.00	39.00
40.00	Pharmacy	15.00	1,156,128	0	1,156,128	29,613.00	40.00
41.00	Medical Records & Medical Records Library	16.00	575,219	0	575,219	27,479.00	41.00
42.00	Social Service	17.00	287,494	0	287,494	7,507.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part II Date/Time Prepared: 11/28/2012 8:20 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	29.48	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	65.02	3.00
4.00	Physician-Part A - Administrative	125.44	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	120.17	5.00
6.00	Non-physician-Part B	48.34	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	19.43	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	21.98	9.00
10.00	Excluded area salaries (see instructions)	34.80	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	44.43	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	77.72	13.00
14.00	Home office salaries & wage-related costs	187.30	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	41.08	26.00
27.00	Administrative & General	26.64	27.00
28.00	Administrative & General under contract (see inst.)	225.27	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	27.14	30.00
31.00	Laundry & Linen Service	13.81	31.00
32.00	Housekeeping	12.37	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	12.86	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	12.86	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	35.73	38.00
39.00	Central Services and Supply	17.07	39.00
40.00	Pharmacy	39.04	40.00
41.00	Medical Records & Medical Records Library	20.93	41.00
42.00	Social Service	38.30	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part III Date/Time Prepared: 11/28/2012 8:20 pm		
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	41,394,651	0	41,394,651	1,464,875.00	1.00
2.00	Excluded area salaries (see instructions)	6,679,273	0	6,679,273	211,852.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34,715,378	0	34,715,378	1,253,023.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,278,778	0	2,278,778	40,028.00	4.00
5.00	Subtotal wage-related costs (see inst.)	8,700,085	0	8,700,085	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	45,694,241	0	45,694,241	1,293,051.00	6.00
7.00	Total overhead cost (see instructions)	11,750,987	0	11,750,987	474,993.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	28.26	1.00
2.00	Excluded area salaries (see instructions)	31.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	56.93	4.00
5.00	Subtotal wage-related costs (see inst.)	25.06	5.00
6.00	Total (sum of lines 3 thru 5)	35.34	6.00
7.00	Total overhead cost (see instructions)	24.74	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2012 8:20 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,537,491	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	3,965,891	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	125,656	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	30,901	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	155,419	14.00
15.00	'Workers' Compensation Insurance	15,545	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,590,258	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	136,908	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
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	118,963	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>8,677,032</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140063

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	1,621,724	0	1.00
2.00	Hospital	1,556,866	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	10,531	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	54,327	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/28/2012 8:20 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	27	0	27	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	403	0	403	12.00
13.00		RUB	670	0	670	13.00
14.00		RUA	1,956	0	1,956	14.00
15.00		RVC	135	0	135	15.00
16.00		RVB	169	0	169	16.00
17.00		RVA	576	0	576	17.00
18.00		RHC	28	0	28	18.00
19.00		RHB	44	0	44	19.00
20.00		RHA	39	0	39	20.00
21.00		RMC	20	0	20	21.00
22.00		RMB	27	0	27	22.00
23.00		RMA	83	0	83	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	5	0	5	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	3	0	3	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	2	0	2	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	18	0	18	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	6	0	6	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	2	0	2	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	5	0	5	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	32	0	32	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	3	0	3	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/28/2012 8:20 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	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	3	0	3	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,256	0	4,256	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	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)		3,552,047			207.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/28/2012 8:20 pm

			Prior to 10/1	On/After 10/1	Transfer Total to Settlement Worksheet (Y/N)		
			1.00	2.00	3.00		
1.00	Wage Index Factor		1.0593	1.0600		1.00	
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	905.15	905.15	0	767.46	3.00
4.00		RUL	882.16	882.16	0	750.73	4.00
5.00		RVX	818.99	818.99	0	683.10	5.00
6.00		RVL	726.98	726.98	0	612.86	6.00
7.00		RHX	752.62	752.62	0	618.89	7.00
8.00		RHL	663.90	663.90	0	551.99	8.00
9.00		RMX	695.77	695.77	0	567.71	9.00
10.00		RML	636.62	636.62	0	520.89	10.00
11.00		RLX	618.00	618.00	0	498.59	11.00
12.00		RUC	660.34	660.34	0	581.82	12.00
13.00		RUB	660.34	660.34	0	581.82	13.00
14.00		RUA	533.82	533.82	0	486.49	14.00
15.00		RVC	574.18	574.18	0	499.14	15.00
16.00		RVB	487.09	487.09	0	432.24	16.00
17.00		RVA	485.44	485.44	0	430.56	17.00
18.00		RHC	507.81	507.81	0	434.93	18.00
19.00		RHB	451.94	451.94	0	391.45	19.00
20.00		RHA	391.15	391.15	0	344.61	20.00
21.00		RMC	452.60	452.60	0	382.07	21.00
22.00		RMB	419.74	419.74	0	358.67	22.00
23.00		RMA	337.59	337.59	0	295.11	23.00
24.00		RLB	448.77	448.77	0	371.48	24.00
25.00		RLA	274.60	274.60	0	239.37	25.00
26.00		ES3	688.38	688.38	0	700.67	26.00
27.00		ES2	538.85	538.85	0	548.48	27.00
28.00		ES1	481.34	481.34	0	489.94	28.00
29.00		HE2	464.91	464.91	0	473.22	29.00
30.00		HE1	386.05	386.05	0	392.94	30.00
31.00		HD2	435.34	435.34	0	443.11	31.00
32.00		HD1	363.04	363.04	0	369.53	32.00
33.00		HC2	410.69	410.69	0	418.03	33.00
34.00		HC1	343.32	343.32	0	349.46	34.00
35.00		HB2	405.77	405.77	0	413.01	35.00
36.00		HB1	340.04	340.04	0	346.12	36.00
37.00		LE2	422.20	422.20	0	429.74	37.00
38.00		LE1	353.18	353.18	0	359.49	38.00
39.00		LD2	405.77	405.77	0	413.01	39.00
40.00		LD1	340.04	340.04	0	346.12	40.00
41.00		LC2	356.47	356.47	0	362.84	41.00
42.00		LC1	300.61	300.61	0	305.98	42.00
43.00		LB2	338.40	338.40	0	344.44	43.00
44.00		LB1	287.46	287.46	0	292.60	44.00
45.00		CE2	376.19	376.19	0	382.91	45.00
46.00		CE1	346.61	346.61	0	352.81	46.00
47.00		CD2	356.47	356.47	0	362.84	47.00
48.00		CD1	326.90	326.90	0	332.74	48.00
49.00		CC2	312.11	312.11	0	317.69	49.00
50.00		CC1	289.10	289.10	0	294.27	50.00
51.00		CB2	289.10	289.10	0	294.27	51.00
52.00		CB1	267.75	267.75	0	272.53	52.00
53.00		CA2	244.74	244.74	0	249.12	53.00
54.00		CA1	228.31	228.31	0	232.39	54.00
55.00		SE3	0.00	0.00	0	0.00	55.00
56.00		SE2	0.00	0.00	0	0.00	56.00
57.00		SE1	0.00	0.00	0	0.00	57.00
58.00		SSC	0.00	0.00	0	0.00	58.00
59.00		SSB	0.00	0.00	0	0.00	59.00
60.00		SSA	0.00	0.00	0	0.00	60.00
61.00		IB2	0.00	0.00	0	0.00	61.00
62.00		IB1	0.00	0.00	0	0.00	62.00
63.00		IA2	0.00	0.00	0	0.00	63.00
64.00		IA1	0.00	0.00	0	0.00	64.00
65.00		BB2	259.54	259.54	0	259.17	65.00
66.00		BB1	248.03	248.03	0	252.46	66.00
67.00		BA2	215.16	215.16	0	219.01	67.00
68.00		BA1	205.31	205.31	0	208.98	68.00
69.00		PE2	346.61	346.61	0	352.81	69.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/28/2012 8:20 pm

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
70.00	PE1	330.19	330.19	0	336.08	70.00
71.00	PD2	326.90	326.90	0	332.74	71.00
72.00	PD1	310.47	310.47	0	316.01	72.00
73.00	PC2	280.89	280.89	0	285.91	73.00
74.00	PC1	267.75	267.75	0	272.53	74.00
75.00	PB2	238.17	238.17	0	242.43	75.00
76.00	PB1	228.31	228.31	0	232.39	76.00
77.00	PA2	197.09	197.09	0	200.62	77.00
78.00	PA1	188.88	188.88	0	192.25	78.00
199.00	AAA	188.88	188.88	0	192.25	199.00
200.00	TOTAL			0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/28/2012 8:20 pm

	Actual Rate for Services	Days for Services	Total	
	On/After 10/1	On/After 10/1	8.00	
3.00	767.46	0	0	3.00
4.00	750.73	27	20,270	4.00
5.00	683.10	0	0	5.00
6.00	612.86	0	0	6.00
7.00	618.89	0	0	7.00
8.00	551.99	0	0	8.00
9.00	567.71	0	0	9.00
10.00	520.89	0	0	10.00
11.00	498.59	0	0	11.00
12.00	581.82	403	234,473	12.00
13.00	581.82	670	389,819	13.00
14.00	486.49	1,956	951,574	14.00
15.00	499.14	135	67,384	15.00
16.00	432.24	169	73,049	16.00
17.00	430.56	576	248,003	17.00
18.00	434.93	28	12,178	18.00
19.00	391.45	44	17,224	19.00
20.00	344.61	39	13,440	20.00
21.00	382.07	20	7,641	21.00
22.00	358.67	27	9,684	22.00
23.00	295.11	83	24,494	23.00
24.00	371.48	0	0	24.00
25.00	239.37	0	0	25.00
26.00	700.67	0	0	26.00
27.00	548.48	0	0	27.00
28.00	489.94	0	0	28.00
29.00	473.22	0	0	29.00
30.00	392.94	5	1,965	30.00
31.00	443.11	0	0	31.00
32.00	369.53	3	1,109	32.00
33.00	418.03	0	0	33.00
34.00	349.46	0	0	34.00
35.00	413.01	0	0	35.00
36.00	346.12	2	692	36.00
37.00	429.74	0	0	37.00
38.00	359.49	0	0	38.00
39.00	413.01	0	0	39.00
40.00	346.12	18	6,230	40.00
41.00	362.84	0	0	41.00
42.00	305.98	6	1,836	42.00
43.00	344.44	0	0	43.00
44.00	292.60	0	0	44.00
45.00	382.91	0	0	45.00
46.00	352.81	0	0	46.00
47.00	362.84	0	0	47.00
48.00	332.74	0	0	48.00
49.00	317.69	0	0	49.00
50.00	294.27	2	589	50.00
51.00	294.27	0	0	51.00
52.00	272.53	5	1,363	52.00
53.00	249.12	0	0	53.00
54.00	232.39	32	7,436	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	259.17	0	0	65.00
66.00	252.46	0	0	66.00
67.00	219.01	0	0	67.00
68.00	208.98	3	627	68.00
69.00	352.81	0	0	69.00
70.00	336.08	0	0	70.00
71.00	332.74	0	0	71.00
72.00	316.01	0	0	72.00
73.00	285.91	0	0	73.00
74.00	272.53	0	0	74.00
75.00	242.43	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7  
Date/Time Prepared:  
11/28/2012 8:20 pm

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	232.39	0	0	76.00
77.00	200.62	0	0	77.00
78.00	192.25	3	577	78.00
199.00	192.25	0	0	199.00
200.00 TOTAL		4,256	2,091,657	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/28/2012 8:20 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.258342	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		3,522,251	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		665,998	5.00
6.00	Medicaid charges		29,249,801	6.00
7.00	Medicaid cost (line 1 times line 6)		7,556,452	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)		3,368,203	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>				
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
<b>Other state or local government indigent care program (see instructions for each line)</b>				
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
<b>Uncompensated care (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,368,203	19.00
			1.00	
			2.00	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	2,792,629	271,638	3,064,267
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	721,453	70,176	791,629
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	721,453	70,176	791,629
			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)		8,660,863	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		399,451	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		8,261,412	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,134,270	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,925,899	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,294,102	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet A Date/Time Prepared: 11/28/2012 8:20 pm
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		3,318,333		1,731,886
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	2,094,806	2,094,806
4.00	00400	EMPLOYEE BENEFITS	551,767	10,918,018	-4,435	11,465,350
5.01	00510	NONPATIENT TELEPHONES	0	141,974	0	141,974
5.02	00520	DATA PROCESSING	556,853	411,389	-2,400	965,842
5.03	00530	PURCHASING RECEIVING AND STORES	253,620	58,228	31,955	343,803
5.04	00540	ADMINISTRATIVE AND GENERAL	829,643	219,364	-7,164	1,041,843
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	750,676	1,226,431	-5,196	1,971,911
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,862,389	9,170,966	-76,642	11,956,713
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00	00700	OPERATION OF PLANT	743,060	3,969,438	-780	4,711,718
8.00	00800	LAUNDRY & LINEN SERVICE	61,598	31,202	0	92,800
9.00	00900	HOUSEKEEPING	637,972	553,858	0	1,191,830
10.00	01000	DIETARY	784,701	1,019,441	-1,123,268	680,874
11.00	01100	CAFETERIA	0	0	1,104,648	1,104,648
13.00	01300	NURSING ADMINISTRATION	1,335,408	81,854	-3,479	1,413,783
14.00	01400	CENTRAL SERVICES & SUPPLY	302,959	1,016,824	-935,149	384,634
15.00	01500	PHARMACY	1,156,128	2,631,313	-2,079,718	1,707,723
16.00	01600	MEDICAL RECORDS & LIBRARY	575,219	184,065	-5,400	753,884
17.00	01700	SOCIAL SERVICE	287,494	244,330	0	531,824
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	239,862	0	239,862
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	5,740,721	1,186,085	-6,840	6,919,966
31.00	03100	INTENSIVE CARE UNIT	2,078,538	483,063	-1,320	2,560,281
40.00	04000	SUBPROVIDER - I PF	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	728,429	408,194	-1,212	1,135,411
42.00	04200	SUBPROVIDER	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	1,188,242	157,924	-1,620	1,344,546
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	2,895,997	8,309,423	-4,394,471	6,810,949
50.01	05001	ENDOSCOPY	492,443	348,222	-74,651	766,014
51.00	05100	RECOVERY ROOM	657,000	57,030	0	714,030
53.00	05300	ANESTHESIOLOGY	342,366	433,917	-1,755	774,528
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,930,311	1,715,095	-215,830	3,429,576
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	417,764	301,911	0	719,675
56.01	05602	ULTRASOUND/VASC LAB	410,901	58,251	0	469,152
57.00	05700	CT SCAN	455,010	245,566	0	700,576
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	1,596,210	1,318,840	-4,260	2,910,790
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	154,540	465,435	0	619,975
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	564,402	108,699	-5,370	667,731
66.00	06600	PHYSICAL THERAPY	1,111,557	163,073	-2,112	1,272,518
67.00	06700	OCCUPATIONAL THERAPY	536,824	35,195	0	572,019
68.00	06800	SPEECH PATHOLOGY	140,747	12,803	0	153,550
69.00	06900	ELECTROCARDIOLOGY	306,754	174,686	344	481,784
70.00	07000	ELECTROENCEPHALOGRAPHY	53,527	11,945	0	65,472
70.01	07001	SLEEP LAB	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	697,471	697,471
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,571,665	4,571,665
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,074,853	2,074,853
74.00	07400	RENAL DIALYSIS	0	416,363	0	416,363
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	774,006	542,882	-4,500	1,312,388
90.01	09001	WOUND CARE	437,911	419,399	-2,990	854,320
90.02	09002	PULMONARY REHAB	74,494	4,630	0	79,124
90.03	09003	SPIRE CENTER	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	193,280	-2,036	191,244
91.00	09100	EMERGENCY	4,758,908	1,082,129	-10,946	5,830,091
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A  
Date/Time Prepared:  
11/28/2012 8:20 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	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,537,089	54,090,930	93,628,019	15,751	93,643,770	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,762,602	1,639,800	6,402,402	-15,751	6,386,651	192.00
200.00		TOTAL (SUM OF LINES 118-199)	44,299,691	55,730,730	100,030,421	0	100,030,421	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-19,380	1,712,506	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-9,268	2,085,538	2.00
4.00	00400	EMPLOYEE BENEFITS	-540	11,464,810	4.00
5.01	00510	NONPATIENT TELEPHONES	-118,938	23,036	5.01
5.02	00520	DATA PROCESSING	0	965,842	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-94,479	249,324	5.03
5.04	00540	ADMINISTRATIVE	0	1,041,843	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,971,911	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,196,970	9,759,743	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	4,711,718	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	92,800	8.00
9.00	00900	HOUSEKEEPING	0	1,191,830	9.00
10.00	01000	DIETARY	0	680,874	10.00
11.00	01100	CAFETERIA	-347,503	757,145	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,413,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	384,634	14.00
15.00	01500	PHARMACY	0	1,707,723	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	753,884	16.00
17.00	01700	SOCIAL SERVICE	-3,643	528,181	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-122,587	117,275	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	6,919,966	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,202	2,559,079	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-195,074	940,337	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	-9,360	1,335,186	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-11,888	6,799,061	50.00
50.01	05001	ENDOSCOPY	-70,000	696,014	50.01
51.00	05100	RECOVERY ROOM	0	714,030	51.00
53.00	05300	ANESTHESIOLOGY	-336,024	438,504	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-23,390	3,406,186	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	719,675	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	469,152	56.01
57.00	05700	CT SCAN	0	700,576	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-50,817	2,859,973	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	619,975	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,202	666,529	65.00
66.00	06600	PHYSICAL THERAPY	-984	1,271,534	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	572,019	67.00
68.00	06800	SPEECH PATHOLOGY	0	153,550	68.00
69.00	06900	ELECTROCARDIOLOGY	-45,380	436,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-9,480	55,992	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	697,471	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,571,665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,074,853	73.00
74.00	07400	RENAL DIALYSIS	0	416,363	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-686,096	626,292	90.00
90.01	09001	WOUND CARE	-24,000	830,320	90.01
90.02	09002	PULMONARY REHAB	-8,840	70,284	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09004	RUSH HEART CENTER	-191,244	0	90.04
91.00	09100	EMERGENCY	-2,120,915	3,709,176	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,699,204	86,944,566	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-104,197	6,282,454	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-6,803,401	93,227,020	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - POSTAGE</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	35,795	1.00	
	TOTALS		0	35,795		
<b>B - CAPITAL RELATED INSURANCE</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,922	1.00	
	TOTALS		0	5,922		
<b>C - CLINITRON BEDS</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	237,678	1.00	
	TOTALS		0	237,678		
<b>D - CHARGABLE MED SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	697,471	1.00	
	TOTALS		0	697,471		
<b>E - CAFETERIA</b>						
1.00	CAFETERIA	11.00	480,460	624,188	1.00	
	TOTALS		480,460	624,188		
<b>F - RENTALS</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	264,759	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
	TOTALS		0	264,759		
<b>G - EQUIPMENT DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,592,369	1.00	
	TOTALS		0	1,592,369		
<b>H - DRUGS SOLD</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,074,853	1.00	
	TOTALS		0	2,074,853		
<b>I - HEART CENTER RECLASS</b>						
1.00	ELECTROCARDIOLOGY	69.00	0	2,036	1.00	
	TOTALS		0	2,036		
<b>J - IMPLANTABLE COSTS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,571,665	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	4,571,665		
500.00	Grand Total: Increases		480,460	10,106,736	500.00	

RECLASSIFICATIONS

Provider CCN: 140063

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

Worksheet A-6  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
<b>A - POSTAGE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35,795	0		1.00
	TOTALS		0	35,795			
<b>B - CAPITAL RELATED INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,922	9		1.00
	TOTALS		0	5,922			
<b>C - CLINIC BEDS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	237,678	9		1.00
	TOTALS		0	237,678			
<b>D - CHARGABLE MED SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	697,471	0		1.00
	TOTALS		0	697,471			
<b>E - CAFETERIA</b>							
1.00	DIETARY	10.00	480,460	624,188	0		1.00
	TOTALS		480,460	624,188			
<b>F - RENTALS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	4,435	9		1.00
2.00	DATA PROCESSING	5.02	0	2,400	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	3,840	0		3.00
4.00	ADMINISTRATIVE	5.04	0	7,164	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	5,196	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34,925	0		6.00
7.00	OPERATION OF PLANT	7.00	0	780	0		7.00
8.00	DIETARY	10.00	0	18,620	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	3,479	0		9.00
10.00	PHARMACY	15.00	0	4,865	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,400	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	6,840	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	1,320	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	1,212	0		14.00
15.00	SKILLED NURSING FACILITY	44.00	0	1,620	0		15.00
16.00	OPERATING ROOM	50.00	0	36,718	0		16.00
17.00	ENDOSCOPY	50.01	0	74,651	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	1,755	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,918	0		19.00
20.00	LABORATORY	60.00	0	4,260	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	5,370	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	2,112	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,692	0		23.00
24.00	CLINIC	90.00	0	4,500	0		24.00
25.00	WOUND CARE	90.01	0	2,990	0		25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15,751	0		26.00
27.00	EMERGENCY	91.00	0	10,946	0		27.00
	TOTALS		0	264,759			
<b>G - EQUIPMENT DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,592,369	9		1.00
	TOTALS		0	1,592,369			
<b>H - DRUGS SOLD</b>							
1.00	PHARMACY	15.00	0	2,074,853	0		1.00
	TOTALS		0	2,074,853			
<b>I - HEART CENTER RECLASS</b>							
1.00	RUSH HEART CENTER	90.04	0	2,036	0		1.00
	TOTALS		0	2,036			
<b>J - IMPLANTABLE COSTS</b>							
1.00	OPERATING ROOM	50.00	0	4,357,753	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	213,912	0		2.00
	TOTALS		0	4,571,665			
500.00	Grand Total: Decreases		480,460	10,106,736			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
11/28/2012 8:20 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,478,706	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	71,808,992	1,375,908	0	1,375,908	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	4,681,511	0	0	0	5.00
6.00	Movable Equipment	19,020,740	245,562	0	245,562	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	97,989,949	1,621,470	0	1,621,470	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	97,989,949	1,621,470	0	1,621,470	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,318,333	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,318,333	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	80,345,117	0	80,345,117	0.806585	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	19,266,302	0	19,266,302	0.193415	2.00
3.00	Total (sum of lines 1-2)	99,611,419	0	99,611,419	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,478,706	0		1.00	
2.00	Land Improvements	0	0		2.00	
3.00	Buildings and Fixtures	73,184,900	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	4,681,511	0		5.00	
6.00	Movable Equipment	19,266,302	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	99,611,419	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	99,611,419	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,318,333		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	3,318,333		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
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
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,712,506	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,085,538	0
3.00	Total (sum of lines 1-2)	0	0	0	3,798,044	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,712,506	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,085,538	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,798,044	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)			0		0.00	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)	B	-94,479	0	PURCHASING RECEIVING AND STORES	5.03	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-118,938	0	NONPATIENT TELEPHONES	5.01	7.00
8.00 Television and radio service (chapter 21)	A	-9,062	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	8.00
9.00 Parking lot (chapter 21)			0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,843,884	0			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0			12.00
13.00 Laundry and linen service			0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-347,503	0	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others			0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients			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			0		0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	19.00
20.00 Vending machines			0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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 - NEW CAP REL COSTS-BLDG & FIXT	A	-19,380	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-9,268	0	NEW 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	OCCUPATIONAL THERAPY	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 MARKETING	A	-23,819	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.00
33.01 OTHER MISC	B	-3,370	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.01
33.02			0		0.00	33.02
33.04 SALE OF SILVER	B	-23,390	0	RADIOLOGY-DIAGNOSTIC	54.00	33.04
33.05 HOUSE PHYSICIANS	A	-374,371	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.05
34.00 MISC REV	B	-984	0	PHYSICAL THERAPY	66.00	34.00
34.01 NON OP OTHER EXP	B	-104,197	0	PHYSICIANS' PRIVATE OFFICES	192.00	34.01
35.00 LAB MISC REV	B	-825	0	LABORATORY	60.00	35.00
36.00 PHYSICIAN RECRUITING	B	-82,550	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	36.00
37.00 MISC REV	B	-8,840	0	PULMONARY REHAB	90.02	37.00
38.00 MISC REV	B	-42,400	0	CLINIC	90.00	38.00
39.00 JURY DUTY	B	-800	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	39.00
40.00			0		0.00	40.00

Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet A-8 Date/Time Prepared: 11/28/2012 8:20 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
41.00 EMPLOYEE IDS	B	-540	EMPLOYEE BENEFITS	4.00	41.00
42.00		0		0.00	42.00
43.00 PROVIDER ASSESSMENT TAXES	A	-1,694,801	OTHER ADMINISTRATIVE AND GENERAL	5.06	43.00
44.00		0		0.00	44.00
45.00		0		0.00	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,803,401			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	9	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MARKETING	0	33.00
33.01	OTHER MISC	0	33.01
33.02		0	33.02
33.04	SALE OF SILVER	0	33.04
33.05	HOUSE PHYSICIANS	0	33.05
34.00	MISC REV	0	34.00
34.01	NON OP OTHER EXP	0	34.01
35.00	LAB MISC REV	0	35.00
36.00	PHYSICIAN RECRUITING	0	36.00
37.00	MISC REV	0	37.00
38.00	MISC REV	0	38.00
39.00	JURY DUTY	0	39.00
40.00		0	40.00
41.00	EMPLOYEE IDS	0	41.00
42.00		0	42.00
43.00	PROVIDER ASSESSMENT TAXES	0	43.00
44.00		0	44.00
45.00		0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:  
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		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		31.00	INTENSIVE CARE UNIT	22,500	0	1.00
2.00		41.00	SUBPROVIDER - IRF	195,074	195,074	2.00
3.00		44.00	SKILLED NURSING FACILITY	9,360	9,360	3.00
4.00		50.01	ENDOSCOPY	70,000	70,000	4.00
5.00		53.00	ANESTHESIOLOGY	50,000	50,000	5.00
6.00		60.00	LABORATORY	49,992	49,992	6.00
7.00		65.00	RESPIRATORY THERAPY	22,500	0	7.00
8.00		69.00	ELECTROCARDIOLOGY	45,380	45,380	8.00
9.00		70.00	ELECTROENCEPHALOGRAPHY	9,480	9,480	9.00
10.00		90.00	CLINIC	643,696	643,696	10.00
11.00		90.01	WOUND CARE	24,000	24,000	11.00
12.00		90.04	RUSH HEART CENTER	191,244	191,244	12.00
13.00		91.00	EMERGENCY	2,040,453	2,040,453	13.00
14.00		91.00	EMERGENCY	186,782	0	14.00
15.00		90.00	CLINIC	35,000	0	15.00
16.00		50.00	OPERATING ROOM	17,000	5,000	16.00
17.00		5.06	OTHER ADMINISTRATIVE AND GENERAL	45,000	0	17.00
18.00		17.00	SOCIAL SERVICE	20,000	0	18.00
19.00		22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	127,587	122,587	19.00
20.00		53.00	ANESTHESIOLOGY	286,024	286,024	20.00
200.00				4,091,072	3,742,290	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:  
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	22,500	177,200	250	21,298	1,065	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	22,500	177,200	250	21,298	1,065	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	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	186,782	177,200	1,248	106,320	5,316	14.00
15.00	35,000	177,200	520	44,300	2,215	15.00
16.00	12,000	177,200	60	5,112	256	16.00
17.00	45,000	177,200	432	36,803	1,840	17.00
18.00	20,000	177,200	192	16,357	818	18.00
19.00	5,000	177,200	450	38,337	1,917	19.00
20.00	0	0	0	0	0	20.00
200.00	348,782		3,402	289,825	14,492	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

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	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	21,298	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	21,298	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	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	106,320	14.00
15.00	0	0	0	0	44,300	15.00
16.00	0	0	0	0	5,112	16.00
17.00	0	0	0	0	36,803	17.00
18.00	0	0	0	0	16,357	18.00
19.00	0	0	0	0	38,337	19.00
20.00	0	0	0	0	0	20.00
200.00	0	0	0	0	289,825	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	1,202	1,202	1.00
2.00	0	195,074	2.00
3.00	0	9,360	3.00
4.00	0	70,000	4.00
5.00	0	50,000	5.00
6.00	0	49,992	6.00
7.00	1,202	1,202	7.00
8.00	0	45,380	8.00
9.00	0	9,480	9.00
10.00	0	643,696	10.00
11.00	0	24,000	11.00
12.00	0	191,244	12.00
13.00	0	2,040,453	13.00
14.00	80,462	80,462	14.00
15.00	0	0	15.00
16.00	6,888	11,888	16.00
17.00	8,197	8,197	17.00
18.00	3,643	3,643	18.00
19.00	0	122,587	19.00
20.00	0	286,024	20.00
200.00	101,594	3,843,884	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,712,506	1,712,506				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	2,085,538		2,085,538			2.00
4.00 00400 EMPLOYEE BENEFITS	11,464,810	21,991	2,994	11,489,795		4.00
5.01 00510 NONPATIENT TELEPHONES	23,036	1,897	1,678	0	26,611	5.01
5.02 00520 DATA PROCESSING	965,842	17,511	156,416	146,250	530	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	249,324	51,781	8,287	66,610	707	5.03
5.04 00540 ADMITTING	1,041,843	13,213	8,779	217,894	575	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,971,911	19,590	40,607	197,155	1,061	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	9,759,743	75,689	61,122	751,766	3,181	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	4,711,718	632,320	50,720	195,154	1,415	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	92,800	7,380	376	16,178	0	8.00
9.00 00900 HOUSEKEEPING	1,191,830	13,644	7,670	167,554	177	9.00
10.00 01000 DIETARY	680,874	65,107	13,074	79,905	1,105	10.00
11.00 01100 CAFETERIA	757,145	0	0	126,186	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,413,783	15,493	35,467	350,726	575	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	384,634	33,141	32,506	79,568	309	14.00
15.00 01500 PHARMACY	1,707,723	9,696	12,334	303,641	442	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	753,884	26,180	47,452	151,073	1,591	16.00
17.00 01700 SOCIAL SERVICE	528,181	2,554	215	75,506	133	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	117,275	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,919,966	109,652	77,431	1,507,735	2,254	30.00
31.00 03100 INTENSIVE CARE UNIT	2,559,079	30,164	90,265	545,899	840	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	940,337	45,617	12,560	191,312	1,415	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00 04400 SKILLED NURSING FACILITY	1,335,186	63,286	13,126	312,075	796	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	6,799,061	80,088	166,740	760,593	1,326	50.00
50.01 05001 ENDOSCOPY	696,014	16,395	62,165	129,333	796	50.01
51.00 05100 RECOVERY ROOM	714,030	6,506	7,300	172,552	0	51.00
53.00 05300 ANESTHESIOLOGY	438,504	1,543	37,444	89,918	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,406,186	58,162	354,820	506,969	1,326	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	719,675	56,639	292,776	109,720	1,061	56.00
56.01 05602 ULTRASOUND/VASC LAB	469,152	2,401	64,673	107,917	177	56.01
57.00 05700 CT SCAN	700,576	2,002	148,627	119,502	133	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,859,973	39,140	59,754	419,222	1,636	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	619,975	2,199	60	40,588	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	666,529	6,727	55,512	148,232	442	65.00
66.00 06600 PHYSICAL THERAPY	1,271,534	39,510	9,436	291,935	354	66.00
67.00 06700 OCCUPATIONAL THERAPY	572,019	5,197	1,306	140,989	88	67.00
68.00 06800 SPEECH PATHOLOGY	153,550	943	152	36,965	133	68.00
69.00 06900 ELECTROCARDIOLOGY	436,404	4,846	37,690	80,565	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	55,992	979	1,777	14,058	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	697,471	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,571,665	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,074,853	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	416,363	0	107	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	626,292	73,538	21,115	203,282	1,017	90.00
90.01 09001 WOUND CARE	830,320	16,963	6,421	115,011	88	90.01
90.02 09002 PULMONARY REHAB	70,284	0	5,138	19,565	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,709,176	37,291	40,153	1,249,861	840	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
	0	1.00	2.00	4.00	5.01			
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	86,944,566	1,706,975	2,046,245	10,238,964	26,523	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,242	54	0	88	190.00
190.01	19001	ADC	0	0	8,597	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,282,454	1,289	30,642	1,250,831	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	93,227,020	1,712,506	2,085,538	11,489,795	26,611	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00520 DATA PROCESSING	1,286,549					5.02
5.03	00530 PURCHASING RECEIVING AND STORES	5,356	382,065				5.03
5.04	00540 ADMINITTING	18,238	5,438	1,305,980			5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE	31,720	9,459	0	2,271,503		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	118,340	35,288	0	0	10,805,129	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	79,525	23,714	0	0	5,694,566	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	1,660	495	0	0	118,889	8.00
9.00	00900 HOUSEKEEPING	19,641	5,857	0	0	1,406,373	9.00
10.00	01000 DIETARY	13,501	4,026	0	0	857,592	10.00
11.00	01100 CAFETERIA	11,009	3,283	0	0	897,623	11.00
13.00	01300 NURSING ADMINISTRATION	25,829	7,702	0	0	1,849,575	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	7,469	2,227	0	0	539,854	14.00
15.00	01500 PHARMACY	28,928	8,626	0	0	2,071,390	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	13,936	4,156	0	0	998,272	16.00
17.00	01700 SOCIAL SERVICE	8,680	2,588	0	0	617,857	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,412	1,017	0	0	121,704	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	122,512	36,559	82,316	143,167	9,001,592	30.00
31.00	03100 INTENSIVE CARE UNIT	45,885	13,682	28,612	49,762	3,364,188	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	19,242	5,738	7,635	13,278	1,237,134	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	24,531	7,315	14,218	24,729	1,795,262	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	121,583	36,255	207,762	361,346	8,534,754	50.00
50.01	05001 ENDOSCOPY	12,864	3,836	38,804	67,489	1,027,696	50.01
51.00	05100 RECOVERY ROOM	12,807	3,819	29,556	51,404	997,974	51.00
53.00	05300 ANESTHESIOLOGY	12,138	3,619	55,110	95,849	734,125	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	62,327	18,585	82,688	143,813	4,634,876	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	16,770	5,001	15,758	27,406	1,244,806	56.00
56.01	05602 ULTRASOUND/VASC LAB	9,014	2,688	21,665	37,680	715,367	56.01
57.00	05700 CT SCAN	13,804	4,116	78,035	135,721	1,202,516	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	48,066	14,333	219,557	381,967	4,043,648	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	9,428	2,811	10,104	17,573	702,738	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	31	53	84	64.00
65.00	06500 RESPIRATORY THERAPY	12,478	3,721	20,902	36,354	950,897	65.00
66.00	06600 PHYSICAL THERAPY	22,953	6,844	39,500	68,699	1,750,765	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,235	3,052	17,985	31,280	782,151	67.00
68.00	06800 SPEECH PATHOLOGY	2,727	813	4,123	7,171	206,577	68.00
69.00	06900 ELECTROCARDIOLOGY	7,975	2,378	22,184	38,584	630,626	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,007	300	466	811	75,390	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,921	2,958	1,507	2,621	714,478	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	53,624	15,990	63,793	110,950	4,816,022	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,513	8,800	97,216	169,081	2,379,463	73.00
74.00	07400 RENAL DIALYSIS	5,924	1,766	12,880	22,401	459,441	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	16,542	4,933	18,126	31,526	996,371	90.00
90.01	09001 WOUND CARE	13,780	4,109	19,106	33,229	1,039,027	90.01
90.02	09002 PULMONARY REHAB	1,351	403	1,021	1,776	99,538	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	72,513	21,623	95,320	165,783	5,392,560	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
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11/28/2012 8:20 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,178,758	349,923	1,305,980	2,271,503	85,508,890	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	62	19	0	0	4,465	190.00
190.01	19001 ADC	122	36	0	0	8,755	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	107,607	32,087	0	0	7,704,910	192.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,286,549	382,065	1,305,980	2,271,503	93,227,020	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	10,805,129				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	746,529	0	6,441,095		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,586	0	54,108	188,583	8.00
9.00	00900	HOUSEKEEPING	184,368	0	100,036	0	1,690,777
10.00	01000	DIETARY	112,426	0	477,348	0	52,467
11.00	01100	CAFETERIA	117,674	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	242,470	0	113,592	0	15,282
14.00	01400	CENTRAL SERVICES & SUPPLY	70,772	0	242,986	0	25,469
15.00	01500	PHARMACY	271,549	0	71,091	0	13,322
16.00	01600	MEDICAL RECORDS & LIBRARY	130,868	0	191,949	0	35,853
17.00	01700	SOCIAL SERVICE	80,998	0	18,725	0	3,605
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,955	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,180,097	0	803,950	40,066	344,267
31.00	03100	INTENSIVE CARE UNIT	441,028	0	221,160	10,655	85,812
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	162,182	0	334,457	11,217	90,318
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	235,350	0	463,998	14,429	122,253
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,118,864	0	587,189	40,959	205,793
50.01	05001	ENDOSCOPY	134,726	0	120,208	0	15,282
51.00	05100	RECOVERY ROOM	130,829	0	47,699	5,620	10,188
53.00	05300	ANESTHESIOLOGY	96,240	0	11,312	0	25,469
54.00	05400	RADIOLOGY-DIAGNOSTIC	607,609	0	426,429	17,153	121,626
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	163,188	0	415,265	2,796	38,792
56.01	05602	ULTRASOUND/VASC LAB	93,781	0	17,603	0	5,094
57.00	05700	CT SCAN	157,644	0	14,679	0	10,188
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	530,102	0	286,964	0	101,878
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	92,125	0	16,126	0	5,094
64.00	06400	INTRAVENOUS THERAPY	11	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	124,658	0	49,324	0	13,793
66.00	06600	PHYSICAL THERAPY	229,517	0	289,681	5,927	61,127
67.00	06700	OCCUPATIONAL THERAPY	102,536	0	38,100	2,730	16,653
68.00	06800	SPEECH PATHOLOGY	27,081	0	6,911	0	3,605
69.00	06900	ELECTROCARDIOLOGY	82,672	0	35,531	1,243	61,127
70.00	07000	ELECTROENCEPHALOGRAPHY	9,883	0	7,177	596	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	93,664	0	0	1,265	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	631,356	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	311,936	0	0	136	0
74.00	07400	RENAL DIALYSIS	60,230	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	130,619	0	539,165	1,555	68,336
90.01	09001	WOUND CARE	136,211	0	124,373	0	61,127
90.02	09002	PULMONARY REHAB	13,049	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	706,938	0	273,407	31,771	71,863
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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To 06/30/2012

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,793,321	0	6,400,543	188,118	1,685,683	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	585	0	31,101	0	5,094	190.00
190.01	19001 ADC	1,148	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,010,075	0	9,451	465	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,805,129	0	6,441,095	188,583	1,690,777	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,499,833					10.00
11.00	01100	0	1,015,297				11.00
13.00	01300	0	33,635	2,254,554			13.00
14.00	01400	0	15,695	0	894,776		14.00
15.00	01500	0	26,038	0	0	2,453,390	15.00
16.00	01600	0	24,254	0	0	0	16.00
17.00	01700	0	6,374	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	879,651	186,862	695,218	25,051	0	30.00
31.00	03100	171,573	56,868	215,760	12,287	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	107,570	22,310	84,282	3,855	0	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	341,039	47,827	179,927	3,727	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	79,117	298,308	260,537	0	50.00
50.01	05001	0	14,533	0	27,529	0	50.01
51.00	05100	0	14,232	54,804	587	0	51.00
53.00	05300	0	6,434	24,153	53,264	0	53.00
54.00	05400	0	64,946	0	124,303	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	11,606	0	5,265	0	56.00
56.01	05602	0	9,120	0	2,932	0	56.01
57.00	05700	0	11,907	0	5,455	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	59,594	0	31,920	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	4,751	0	1,566	0	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	16,236	0	14,422	0	65.00
66.00	06600	0	32,272	121,939	5,129	0	66.00
67.00	06700	0	13,510	51,590	4,158	0	67.00
68.00	06800	0	3,388	11,924	159	0	68.00
69.00	06900	0	9,581	35,562	3,669	0	69.00
70.00	07000	0	862	0	214	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	81,077	0	71.00
72.00	07200	0	0	0	146,472	0	72.00
73.00	07300	0	0	0	22,075	2,453,390	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	22,450	84,848	2,605	0	90.00
90.01	09001	0	12,027	45,097	12,542	0	90.01
90.02	09002	0	2,325	9,409	159	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	0	90,924	341,733	36,723	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,499,833	899,678	2,254,554	887,682	2,453,390	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 ADC	0	0	0	74	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	115,619	0	7,020	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,499,833	1,015,297	2,254,554	894,776	2,453,390	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,381,196					16.00
17.00 01700 SOCIAL SERVICE	0	727,559				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	137,659		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	87,045	648,282	0	137,659	14,029,740	30.00
31.00 03100 INTENSIVE CARE UNIT	30,255	0	0	0	4,609,586	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	8,073	79,277	0	0	2,140,675	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00 04400 SKILLED NURSING FACILITY	15,035	0	0	0	3,218,847	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	219,697	0	0	0	11,345,218	50.00
50.01 05001 ENDOSCOPY	41,033	0	0	0	1,381,007	50.01
51.00 05100 RECOVERY ROOM	31,254	0	0	0	1,293,187	51.00
53.00 05300 ANESTHESIOLOGY	58,276	0	0	0	1,009,273	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	87,438	0	0	0	6,084,380	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	16,663	0	0	0	1,898,381	56.00
56.01 05602 ULTRASOUND/VASC LAB	22,910	0	0	0	866,807	56.01
57.00 05700 CT SCAN	82,518	0	0	0	1,484,907	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	232,362	0	0	0	5,286,468	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	10,684	0	0	0	833,084	62.00
64.00 06400 INTRAVENOUS THERAPY	33	0	0	0	128	64.00
65.00 06500 RESPIRATORY THERAPY	22,103	0	0	0	1,191,433	65.00
66.00 06600 PHYSICAL THERAPY	41,769	0	0	0	2,538,126	66.00
67.00 06700 OCCUPATIONAL THERAPY	19,018	0	0	0	1,030,446	67.00
68.00 06800 SPEECH PATHOLOGY	4,360	0	0	0	264,005	68.00
69.00 06900 ELECTROCARDIOLOGY	23,459	0	0	0	883,470	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	493	0	0	0	94,615	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,594	0	0	0	892,078	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	67,457	0	0	0	5,661,307	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	102,801	0	0	0	5,269,801	73.00
74.00 07400 RENAL DIALYSIS	13,620	0	0	0	533,291	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	19,167	0	0	0	1,865,116	90.00
90.01 09001 WOUND CARE	20,203	0	0	0	1,450,607	90.01
90.02 09002 PULMONARY REHAB	1,080	0	0	0	125,560	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	100,796	0	0	0	7,046,715	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,381,196	727,559	0	137,659	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	41,245	190.00
190.01 19001	ADC	0	0	0	9,977	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	8,847,540	192.00
200.00	Cross Foot Adjustments			0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,381,196	727,559	0	137,659	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-137,659	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE	0	90.01
90.02	09002	PULMONARY REHAB	0	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-137,659	84,190,599	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,245	190.00
190.01	19001	ADC	0	9,977	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,847,540	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-137,659	93,089,361	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	21,991	2,994	24,985	24,985 4.00
5.01 00510	NONPATIENT TELEPHONES	0	1,897	1,678	3,575	0 5.01
5.02 00520	DATA PROCESSING	0	17,511	156,416	173,927	318 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	51,781	8,287	60,068	145 5.03
5.04 00540	ADMITTING	0	13,213	8,779	21,992	474 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	19,590	40,607	60,197	429 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	75,689	61,122	136,811	1,634 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	632,320	50,720	683,040	424 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	7,380	376	7,756	35 8.00
9.00 00900	HOUSEKEEPING	0	13,644	7,670	21,314	364 9.00
10.00 01000	DIETARY	0	65,107	13,074	78,181	174 10.00
11.00 01100	CAFETERIA	0	0	0	0	274 11.00
13.00 01300	NURSING ADMINISTRATION	0	15,493	35,467	50,960	763 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	33,141	32,506	65,647	173 14.00
15.00 01500	PHARMACY	0	9,696	12,334	22,030	660 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	26,180	47,452	73,632	328 16.00
17.00 01700	SOCIAL SERVICE	0	2,554	215	2,769	164 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	109,652	77,431	187,083	3,284 30.00
31.00 03100	INTENSIVE CARE UNIT	0	30,164	90,265	120,429	1,187 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	45,617	12,560	58,177	416 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400	SKILLED NURSING FACILITY	0	63,286	13,126	76,412	678 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	80,088	166,740	246,828	1,654 50.00
50.01 05001	ENDOSCOPY	0	16,395	62,165	78,560	281 50.01
51.00 05100	RECOVERY ROOM	0	6,506	7,300	13,806	375 51.00
53.00 05300	ANESTHESIOLOGY	0	1,543	37,444	38,987	195 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	58,162	354,820	412,982	1,102 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	56,639	292,776	349,415	239 56.00
56.01 05602	ULTRASOUND/VASC LAB	0	2,401	64,673	67,074	235 56.01
57.00 05700	CT SCAN	0	2,002	148,627	150,629	260 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	39,140	59,754	98,894	911 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,199	60	2,259	88 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	6,727	55,512	62,239	322 65.00
66.00 06600	PHYSICAL THERAPY	0	39,510	9,436	48,946	635 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,197	1,306	6,503	307 67.00
68.00 06800	SPEECH PATHOLOGY	0	943	152	1,095	80 68.00
69.00 06900	ELECTROCARDIOLOGY	0	4,846	37,690	42,536	175 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	979	1,777	2,756	31 70.00
70.01 07001	SLEEP LAB	0	0	0	0	0 70.01
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	107	107	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	73,538	21,115	94,653	442 90.00
90.01 09001	WOUND CARE	0	16,963	6,421	23,384	250 90.01
90.02 09002	PULMONARY REHAB	0	0	5,138	5,138	43 90.02
90.03 09003	SPINE CENTER	0	0	0	0	0 90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	0	37,291	40,153	77,444	2,717 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,706,975	2,046,245	3,753,220	22,266 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,242	54	4,296	0 190.00
190.01 19001	ADC	0	0	8,597	8,597	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,289	30,642	31,931	2,719 192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	1,712,506	2,085,538	3,798,044	24,985 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/28/2012 8:20 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	3,575					5.01
5.02	00520	DATA PROCESSING	71	174,316				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	95	726	61,034			5.03
5.04	00540	ADMINISTRATIVE	77	2,471	869	25,883		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	143	4,297	1,511	0	66,577	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	425	16,032	5,637	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	190	10,774	3,788	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	225	79	0	0	8.00
9.00	00900	HOUSEKEEPING	24	2,661	936	0	0	9.00
10.00	01000	DIETARY	148	1,829	643	0	0	10.00
11.00	01100	CAFETERIA	0	1,491	524	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	77	3,499	1,230	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42	1,012	356	0	0	14.00
15.00	01500	PHARMACY	59	3,919	1,378	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	214	1,888	664	0	0	16.00
17.00	01700	SOCIAL SERVICE	18	1,176	413	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	462	163	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	303	16,618	5,844	1,638	4,189	30.00
31.00	03100	INTENSIVE CARE UNIT	113	6,216	2,186	569	1,456	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	190	2,607	917	152	389	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	107	3,323	1,168	283	724	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	178	16,472	5,791	4,135	10,574	50.00
50.01	05001	ENDOSCOPY	107	1,743	613	772	1,975	50.01
51.00	05100	RECOVERY ROOM	0	1,735	610	588	1,504	51.00
53.00	05300	ANESTHESIOLOGY	0	1,644	578	1,097	2,805	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178	8,444	2,969	1,646	4,208	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	143	2,272	799	314	802	56.00
56.01	05602	ULTRASOUND/VASC LAB	24	1,221	429	431	1,103	56.01
57.00	05700	CT SCAN	18	1,870	657	1,553	3,972	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	220	6,512	2,289	4,261	11,282	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,277	449	201	514	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1	2	64.00
65.00	06500	RESPIRATORY THERAPY	59	1,690	594	416	1,064	65.00
66.00	06600	PHYSICAL THERAPY	48	3,110	1,093	786	2,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	12	1,387	488	358	915	67.00
68.00	06800	SPEECH PATHOLOGY	18	369	130	82	210	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,080	380	442	1,129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	136	48	9	24	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,344	473	30	77	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,265	2,554	1,270	3,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,998	1,406	1,935	4,948	73.00
74.00	07400	RENAL DIALYSIS	0	803	282	256	656	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	137	2,241	788	361	923	90.00
90.01	09001	WOUND CARE	12	1,867	656	380	972	90.01
90.02	09002	PULMONARY REHAB	0	183	64	20	52	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	113	9,824	3,454	1,897	4,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE						
		5.01	5.02	5.03	5.04	5.05						
118.00		SUBTOTALS (SUM OF LINES 1-117)					3,563	159,713	55,900	25,883	66,577	118.00
NONREIMBURSABLE COST CENTERS												
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					12	8	3	0	0	190.00
190.01	19001	ADC					0	17	6	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	14,578	5,125	0	0	192.00
200.00	Cross Foot Adjustments										200.00	
201.00	Negative Cost Centers					0	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)					3,575	174,316	61,034	25,883	66,577	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/28/2012 8:20 pm	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINI STRATIVE AND GENERAL	160,539					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	11,093	0	709,309			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	232	0	5,959	14,286		8.00
9.00	00900	HOUSEKEEPING	2,740	0	11,016	0	39,055	9.00
10.00	01000	DIETARY	1,671	0	52,567	0	1,212	10.00
11.00	01100	CAFETERIA	1,749	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,603	0	12,509	0	353	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,052	0	26,758	0	588	14.00
15.00	01500	PHARMACY	4,035	0	7,829	0	308	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,945	0	21,138	0	828	16.00
17.00	01700	SOCIAL SERVICE	1,204	0	2,062	0	83	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	237	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,513	0	88,532	3,035	7,953	30.00
31.00	03100	INTENSIVE CARE UNIT	6,553	0	24,355	807	1,982	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,410	0	36,831	850	2,086	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	3,497	0	51,097	1,093	2,824	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	16,626	0	64,663	3,103	4,754	50.00
50.01	05001	ENDOSCOPY	2,002	0	13,238	0	353	50.01
51.00	05100	RECOVERY ROOM	1,944	0	5,253	426	235	51.00
53.00	05300	ANESTHESIOLOGY	1,430	0	1,246	0	588	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,029	0	46,959	1,299	2,809	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,425	0	45,730	212	896	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,394	0	1,938	0	118	56.01
57.00	05700	CT SCAN	2,343	0	1,616	0	235	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,877	0	31,601	0	2,353	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,369	0	1,776	0	118	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,852	0	5,432	0	319	65.00
66.00	06600	PHYSICAL THERAPY	3,410	0	31,900	449	1,412	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,524	0	4,196	207	385	67.00
68.00	06800	SPEECH PATHOLOGY	402	0	761	0	83	68.00
69.00	06900	ELECTROCARDIOLOGY	1,228	0	3,913	94	1,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147	0	790	45	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,392	0	0	96	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,382	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,635	0	0	10	0	73.00
74.00	07400	RENAL DIALYSIS	895	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,941	0	59,374	118	1,578	90.00
90.01	09001	WOUND CARE	2,024	0	13,696	0	1,412	90.01
90.02	09002	PULMONARY REHAB	194	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	10,505	0	30,108	2,407	1,660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	145,504	0	704,843	14,251	38,937	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9	0	3,425	0	118	190.00
190.01	19001 ADC	17	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	15,009	0	1,041	35	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	160,539	0	709,309	14,286	39,055	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	136,425					10.00
11.00	01100	0	4,038				11.00
13.00	01300	0	134	73,128			13.00
14.00	01400	0	62	0	95,690		14.00
15.00	01500	0	104	0	0	40,322	15.00
16.00	01600	0	96	0	0	0	16.00
17.00	01700	0	25	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	80,013	744	22,551	2,679	0	30.00
31.00	03100	15,606	226	6,998	1,314	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	9,785	89	2,734	412	0	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	31,021	190	5,836	399	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	315	9,676	27,863	0	50.00
50.01	05001	0	58	0	2,944	0	50.01
51.00	05100	0	57	1,778	63	0	51.00
53.00	05300	0	26	783	5,696	0	53.00
54.00	05400	0	258	0	13,293	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	46	0	563	0	56.00
56.01	05602	0	36	0	314	0	56.01
57.00	05700	0	47	0	583	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	237	0	3,414	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	19	0	167	0	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	65	0	1,542	0	65.00
66.00	06600	0	128	3,955	548	0	66.00
67.00	06700	0	54	1,673	445	0	67.00
68.00	06800	0	13	387	17	0	68.00
69.00	06900	0	38	1,153	392	0	69.00
70.00	07000	0	3	0	23	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	8,671	0	71.00
72.00	07200	0	0	0	15,664	0	72.00
73.00	07300	0	0	0	2,361	40,322	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	89	2,752	279	0	90.00
90.01	09001	0	48	1,463	1,341	0	90.01
90.02	09002	0	9	305	17	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	0	362	11,084	3,927	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)						118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	8	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	460	0	751	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	136,425	4,038	73,128	95,690	40,322	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00510	NONPATIENT TELEPHONES					5.01
5.02 00520	DATA PROCESSING					5.02
5.03 00530	PURCHASING RECEIVING AND STORES					5.03
5.04 00540	ADMITTING					5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	100,733				16.00
17.00 01700	SOCIAL SERVICE	0	7,914			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		862	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,346	7,052			455,377
31.00 03100	INTENSIVE CARE UNIT	2,206	0			192,203
40.00 04000	SUBPROVIDER - IPF	0	0			0
41.00 04100	SUBPROVIDER - IRF	589	862			119,496
42.00 04200	SUBPROVIDER	0	0			0
44.00 04400	SKILLED NURSING FACILITY	1,096	0			179,748
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	16,018	0			428,650
50.01 05001	ENDOSCOPY	2,992	0			105,638
51.00 05100	RECOVERY ROOM	2,279	0			30,653
53.00 05300	ANESTHESIOLOGY	4,249	0			59,324
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,375	0			511,551
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			0
56.00 05600	RADIOISOTOPE	1,215	0			405,071
56.01 05602	ULTRASOUND/VASC LAB	1,670	0			75,987
57.00 05700	CT SCAN	6,016	0			169,799
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			0
59.00 05900	CARDIAC CATHETERIZATION	0	0			0
60.00 06000	LABORATORY	16,974	0			186,825
60.01 06001	BLOOD LABORATORY	0	0			0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	779	0			9,016
64.00 06400	INTRAVENOUS THERAPY	2	0			5
65.00 06500	RESPIRATORY THERAPY	1,611	0			77,205
66.00 06600	PHYSICAL THERAPY	3,045	0			101,475
67.00 06700	OCCUPATIONAL THERAPY	1,387	0			19,841
68.00 06800	SPEECH PATHOLOGY	318	0			3,965
69.00 06900	ELECTROCARDIOLOGY	1,710	0			55,682
70.00 07000	ELECTROENCEPHALOGRAPHY	36	0			4,048
70.01 07001	SLEEP LAB	0	0			0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	116	0			12,199
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,918	0			44,300
73.00 07300	DRUGS CHARGED TO PATIENTS	7,495	0			67,110
74.00 07400	RENAL DIALYSIS	993	0			3,992
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0			0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			0
90.00 09000	CLINIC	1,397	0			167,073
90.01 09001	WOUND CARE	1,473	0			48,978
90.02 09002	PULMONARY REHAB	79	0			6,104
90.03 09003	SPINE CENTER	0	0			0
90.04 09004	RUSH HEART CENTER	0	0			0
91.00 09100	EMERGENCY	7,349	0			167,702
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0			0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0			0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

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Part II  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	0	0			0	110.00
111.00 11100	0	0			0	111.00
118.00	100,733	7,914	0	0	3,709,017	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	0	0			7,871	190.00
190.01 19001	0	0			8,645	190.01
192.00 19200	0	0			71,649	192.00
200.00			0	862	862	200.00
201.00	0	0	0	0	0	201.00
202.00	100,733	7,914	0	862	3,798,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

Period:  
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To 06/30/2012

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	455,377	30.00
31.00	03100	INTENSIVE CARE UNIT	192,203	31.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	119,496	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	179,748	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	428,650	50.00
50.01	05001	ENDOSCOPY	105,638	50.01
51.00	05100	RECOVERY ROOM	30,653	51.00
53.00	05300	ANESTHESIOLOGY	59,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	511,551	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	405,071	56.00
56.01	05602	ULTRASOUND/VASC LAB	75,987	56.01
57.00	05700	CT SCAN	169,799	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	186,825	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,016	62.00
64.00	06400	INTRAVENOUS THERAPY	5	64.00
65.00	06500	RESPIRATORY THERAPY	77,205	65.00
66.00	06600	PHYSICAL THERAPY	101,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,841	67.00
68.00	06800	SPEECH PATHOLOGY	3,965	68.00
69.00	06900	ELECTROCARDIOLOGY	55,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,048	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,110	73.00
74.00	07400	RENAL DIALYSIS	3,992	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	167,073	90.00
90.01	09001	WOUND CARE	48,978	90.01
90.02	09002	PULMONARY REHAB	6,104	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	167,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,709,017
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,871
190.01	19001	ADC	0	8,645
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	71,649
200.00		Cross Foot Adjustments	0	862
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	3,798,044

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	425,111					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		1,902,083				2.00
4.00 00400 EMPLOYEE BENEFITS	5,459	2,731	43,747,924			4.00
5.01 00510 NONPATIENT TELEPHONES	471	1,530	0	602		5.01
5.02 00520 DATA PROCESSING	4,347	142,657	556,853	12	90,452,318	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	12,854	7,558	253,620	16	376,546	5.03
5.04 00540 ADMITTING	3,280	8,007	829,643	13	1,282,167	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	4,863	37,035	750,676	24	2,230,014	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	18,789	55,745	2,862,389	72	8,319,741	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	156,966	46,258	743,060	32	5,590,919	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,832	343	61,598	0	116,733	8.00
9.00 00900 HOUSEKEEPING	3,387	6,995	637,972	4	1,380,821	9.00
10.00 01000 DIETARY	16,162	11,924	304,241	25	949,173	10.00
11.00 01100 CAFETERIA	0	0	480,460	0	773,968	11.00
13.00 01300 NURSING ADMINISTRATION	3,846	32,347	1,335,408	13	1,815,845	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	8,227	29,647	302,959	7	525,111	14.00
15.00 01500 PHARMACY	2,407	11,249	1,156,128	10	2,033,717	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,499	43,278	575,219	36	979,746	16.00
17.00 01700 SOCIAL SERVICE	634	196	287,494	3	610,204	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	239,862	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	27,220	70,620	5,740,721	51	8,616,392	30.00
31.00 03100 INTENSIVE CARE UNIT	7,488	82,325	2,078,538	19	3,225,867	31.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	11,324	11,455	728,429	32	1,352,773	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00 04400 SKILLED NURSING FACILITY	15,710	11,971	1,188,242	18	1,724,637	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	19,881	152,073	2,895,997	30	8,547,753	50.00
50.01 05001 ENDOSCOPY	4,070	56,697	492,443	18	904,397	50.01
51.00 05100 RECOVERY ROOM	1,615	6,658	657,000	0	900,371	51.00
53.00 05300 ANESTHESIOLOGY	383	34,150	342,366	0	853,346	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,438	323,605	1,930,311	30	4,381,833	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	14,060	267,022	417,764	24	1,178,978	56.00
56.01 05602 ULTRASOUND/VASC LAB	596	58,984	410,901	4	633,747	56.01
57.00 05700 CT SCAN	497	135,553	455,010	3	970,469	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	9,716	54,498	1,596,210	37	3,379,253	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	546	55	154,540	0	662,822	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,670	50,629	564,402	10	877,224	65.00
66.00 06600 PHYSICAL THERAPY	9,808	8,606	1,111,557	8	1,613,659	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,290	1,191	536,824	2	719,578	67.00
68.00 06800 SPEECH PATHOLOGY	234	139	140,747	3	191,716	68.00
69.00 06900 ELECTROCARDIOLOGY	1,203	34,375	306,754	0	560,678	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	243	1,621	53,527	0	70,762	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	697,471	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,769,987	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,074,853	73.00
74.00 07400 RENAL DIALYSIS	0	98	0	0	416,470	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	18,255	19,258	774,006	23	1,162,933	90.00
90.01 09001 WOUND CARE	4,211	5,856	437,911	2	968,770	90.01
90.02 09002 PULMONARY REHAB	0	4,686	74,494	0	94,975	90.02
90.03 09003 SPIRIT CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	9,257	36,621	4,758,908	19	5,097,948	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (# OF TERM)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	5.02			
	1.00	2.00	4.00	5.01				
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	423,738	1,866,246	38,985,322	600	82,874,229	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,053	49	0	2	4,366	190.00
190.01	19001	ADC	0	7,841	0	0	8,577	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	320	27,947	4,762,602	0	7,565,146	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,712,506	2,085,538	11,489,795	26,611	1,286,549	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.028374	1.096450	0.262636	44.204319	0.014224	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			24,985	3,575	174,316	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000571	5.938538	0.001927	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	91,356,497				5.03
5.04	00540	ADMITTING	1,300,397	329,055,367			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	2,261,720	0	329,055,367		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	8,438,031	0	0	-10,805,129	82,421,891
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	5,670,411	0	0	0	5,694,566
8.00	00800	LAUNDRY & LINEN SERVICE	118,393	0	0	0	118,889
9.00	00900	HOUSEKEEPING	1,400,454	0	0	0	1,406,373
10.00	01000	DIETARY	962,668	0	0	0	857,592
11.00	01100	CAFETERIA	784,972	0	0	0	897,623
13.00	01300	NURSING ADMINISTRATION	1,841,663	0	0	0	1,849,575
14.00	01400	CENTRAL SERVICES & SUPPLY	532,577	0	0	0	539,854
15.00	01500	PHARMACY	2,062,632	0	0	0	2,071,390
16.00	01600	MEDICAL RECORDS & LIBRARY	993,676	0	0	0	998,272
17.00	01700	SOCIAL SERVICE	618,880	0	0	0	617,857
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	243,272	0	0	0	121,704
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	8,738,927	20,739,810	20,739,810	0	9,001,592
31.00	03100	INTENSIVE CARE UNIT	3,271,732	7,208,774	7,208,774	0	3,364,188
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,372,007	1,923,579	1,923,579	0	1,237,134
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	1,749,158	3,582,367	3,582,367	0	1,795,262
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	8,669,285	52,346,250	52,346,250	0	8,534,754
50.01	05001	ENDOSCOPY	917,256	9,776,796	9,776,796	0	1,027,696
51.00	05100	RECOVERY ROOM	913,172	7,446,634	7,446,634	0	997,974
53.00	05300	ANESTHESIOLOGY	865,479	13,885,104	13,885,104	0	734,125
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,444,134	20,833,442	20,833,442	0	4,634,876
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,195,741	3,970,181	3,970,181	0	1,244,806
56.01	05602	ULTRASOUND/VASC LAB	642,758	5,458,551	5,458,551	0	715,367
57.00	05700	CT SCAN	984,267	19,661,177	19,661,177	0	1,202,516
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	3,427,299	55,328,348	55,328,348	0	4,043,648
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	672,246	2,545,680	2,545,680	0	702,738
64.00	06400	INTRAVENOUS THERAPY	0	7,744	7,744	0	84
65.00	06500	RESPIRATORY THERAPY	889,696	5,266,335	5,266,335	0	950,897
66.00	06600	PHYSICAL THERAPY	1,636,602	9,952,093	9,952,093	0	1,750,765
67.00	06700	OCCUPATIONAL THERAPY	729,809	4,531,306	4,531,306	0	782,151
68.00	06800	SPEECH PATHOLOGY	194,442	1,038,804	1,038,804	0	206,577
69.00	06900	ELECTROCARDIOLOGY	568,650	5,589,388	5,589,388	0	630,626
70.00	07000	ELECTROENCEPHALOGRAPHY	71,768	117,417	117,417	0	75,390
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	707,388	379,749	379,749	0	714,478
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,823,589	16,072,778	16,072,778	0	4,816,022
73.00	07300	DRUGS CHARGED TO PATIENTS	2,104,353	24,493,899	24,493,899	0	2,379,463
74.00	07400	RENAL DIALYSIS	422,391	3,245,103	3,245,103	0	459,441
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	1,179,468	4,566,940	4,566,940	0	996,371
90.01	09001	WOUND CARE	982,544	4,813,771	4,813,771	0	1,039,027
90.02	09002	PULMONARY REHAB	96,325	257,228	257,228	0	99,538
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	5,170,431	24,016,119	24,016,119	0	5,392,560
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	83,670,663	329,055,367	329,055,367	-10,805,129	74,703,761
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,428	0	0	0	190.00
190.01	19001	ADC	8,699	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,672,707	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	382,065	1,305,980	2,271,503	10,805,129	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004182	0.003969	0.006903	0.131095	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	61,034	25,883	66,577	160,539	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000668	0.000079	0.000202	0.001948	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	375,048					6.00
7.00	00700	156,966	218,082				7.00
8.00	00800	1,832	1,832	624,908			8.00
9.00	00900	3,387	3,387	0	43,150		9.00
10.00	01000	16,162	16,162	0	1,339	76,839	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	3,846	3,846	0	390	0	13.00
14.00	01400	8,227	8,227	0	650	0	14.00
15.00	01500	2,407	2,407	0	340	0	15.00
16.00	01600	6,499	6,499	0	915	0	16.00
17.00	01700	634	634	0	92	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	27,220	27,220	132,767	8,786	45,066	30.00
31.00	03100	7,488	7,488	35,309	2,190	8,790	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,324	11,324	37,170	2,305	5,511	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	15,710	15,710	47,812	3,120	17,472	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	19,881	19,881	135,725	5,252	0	50.00
50.01	05001	4,070	4,070	0	390	0	50.01
51.00	05100	1,615	1,615	18,623	260	0	51.00
53.00	05300	383	383	0	650	0	53.00
54.00	05400	14,438	14,438	56,841	3,104	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	14,060	14,060	9,265	990	0	56.00
56.01	05602	596	596	0	130	0	56.01
57.00	05700	497	497	0	260	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	9,716	9,716	0	2,600	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	546	546	0	130	0	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,670	1,670	0	352	0	65.00
66.00	06600	9,808	9,808	19,641	1,560	0	66.00
67.00	06700	1,290	1,290	9,048	425	0	67.00
68.00	06800	234	234	0	92	0	68.00
69.00	06900	1,203	1,203	4,118	1,560	0	69.00
70.00	07000	243	243	1,974	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	4,191	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	450	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	18,255	18,255	5,152	1,744	0	90.00
90.01	09001	4,211	4,211	0	1,560	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	9,257	9,257	105,280	1,834	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		373,675	216,709	623,366	43,020	76,839	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	1,053	1,053	0	130	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	320	320	1,542	0	0	192.00
200.00							200.00
201.00							201.00
202.00		0	6,441,095	188,583	1,690,777	1,499,833	202.00
203.00		0.000000	29.535198	0.301777	39.183708	19.519163	203.00
204.00		0	709,309	14,286	39,055	136,425	204.00
205.00		0.000000	3.252488	0.022861	0.905098	1.775466	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	50,651					11.00
13.00	01300	1,678	681,216				13.00
14.00	01400	783	0	3,983,910			14.00
15.00	01500	1,299	0	0	100		15.00
16.00	01600	1,210	0	0	0	329,055,367	16.00
17.00	01700	318	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	9,322	210,061	111,539	0	20,739,810	30.00
31.00	03100	2,837	65,192	54,708	0	7,208,774	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,113	25,466	17,162	0	1,923,579	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	2,386	54,365	16,595	0	3,582,367	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,947	90,134	1,160,014	0	52,346,250	50.00
50.01	05001	725	0	122,569	0	9,776,796	50.01
51.00	05100	710	16,559	2,614	0	7,446,634	51.00
53.00	05300	321	7,298	237,153	0	13,885,104	53.00
54.00	05400	3,240	0	553,448	0	20,833,442	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	579	0	23,441	0	3,970,181	56.00
56.01	05602	455	0	13,054	0	5,458,551	56.01
57.00	05700	594	0	24,288	0	19,661,177	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,973	0	142,121	0	55,328,348	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	237	0	6,973	0	2,545,680	62.00
64.00	06400	0	0	0	0	7,744	64.00
65.00	06500	810	0	64,211	0	5,266,335	65.00
66.00	06600	1,610	36,844	22,835	0	9,952,093	66.00
67.00	06700	674	15,588	18,511	0	4,531,306	67.00
68.00	06800	169	3,603	710	0	1,038,804	68.00
69.00	06900	478	10,745	16,337	0	5,589,388	69.00
70.00	07000	43	0	952	0	117,417	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	360,988	0	379,749	71.00
72.00	07200	0	0	652,153	0	16,072,778	72.00
73.00	07300	0	0	98,288	100	24,493,899	73.00
74.00	07400	0	0	0	0	3,245,103	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,120	25,637	11,599	0	4,566,940	90.00
90.01	09001	600	13,626	55,844	0	4,813,771	90.01
90.02	09002	116	2,843	708	0	257,228	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	4,536	103,255	163,507	0	24,016,119	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		44,883	681,216	3,952,322	100	329,055,367	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	330	0	0	190.01
192.00	19200	5,768	0	31,258	0	0	192.00
200.00							200.00
201.00							201.00
202.00		1,015,297	2,254,554	894,776	2,453,390	1,381,196	202.00
203.00		20.044955	3.309602	0.224597	24,533.900000	0.004197	203.00
204.00		4,038	73,128	95,690	40,322	100,733	204.00
205.00		0.079722	0.107349	0.024019	403.220000	0.000306	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00510 NONPATIENT TELEPHONES					5.01
5.02 00520 DATA PROCESSING					5.02
5.03 00530 PURCHASING RECEIVING AND STORES					5.03
5.04 00540 ADMITTING					5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	16,859				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	100			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	15,022	100	100		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	1,837	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 ENDOSCOPY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 07001 SLEEP LAB	0	0	0		70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE	0	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0	0		90.02
90.03 09003 SPINE CENTER	0	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0	0		90.04
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,859	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	ADC	0	0	0	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	727,559	0	137,659	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	43.155525	0.000000	1,376.590000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,914	0	862	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.469423	0.000000	8.620000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	13,892,081	13,892,081	0	13,892,081	30.00	
31.00	03100 INTENSIVE CARE UNIT	4,609,586	4,609,586	1,202	4,610,788	31.00	
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - I/RF	2,140,675	2,140,675	0	2,140,675	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
44.00	04400 SKILLED NURSING FACILITY	3,218,847	3,218,847	0	3,218,847	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	11,345,218	11,345,218	6,888	11,352,106	50.00	
50.01	05001 ENDOSCOPY	1,381,007	1,381,007	0	1,381,007	50.01	
51.00	05100 RECOVERY ROOM	1,293,187	1,293,187	0	1,293,187	51.00	
53.00	05300 ANESTHESIOLOGY	1,009,273	1,009,273	0	1,009,273	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,084,380	6,084,380	0	6,084,380	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	1,898,381	1,898,381	0	1,898,381	56.00	
56.01	05602 ULTRASOUND/VASC LAB	866,807	866,807	0	866,807	56.01	
57.00	05700 CT SCAN	1,484,907	1,484,907	0	1,484,907	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000 LABORATORY	5,286,468	5,286,468	0	5,286,468	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	833,084	833,084	0	833,084	62.00	
64.00	06400 INTRAVENOUS THERAPY	128	128	0	128	64.00	
65.00	06500 RESPIRATORY THERAPY	1,191,433	1,191,433	1,202	1,192,635	65.00	
66.00	06600 PHYSICAL THERAPY	2,538,126	2,538,126	0	2,538,126	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,030,446	1,030,446	0	1,030,446	67.00	
68.00	06800 SPEECH PATHOLOGY	264,005	264,005	0	264,005	68.00	
69.00	06900 ELECTROCARDIOLOGY	883,470	883,470	0	883,470	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	94,615	94,615	0	94,615	70.00	
70.01	07001 SLEEP LAB	0	0	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	892,078	892,078	0	892,078	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,661,307	5,661,307	0	5,661,307	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	5,269,801	5,269,801	0	5,269,801	73.00	
74.00	07400 RENAL DIALYSIS	533,291	533,291	0	533,291	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	1,865,116	1,865,116	0	1,865,116	90.00	
90.01	09001 WOUND CARE	1,450,607	1,450,607	0	1,450,607	90.01	
90.02	09002 PULMONARY REHAB	125,560	125,560	0	125,560	90.02	
90.03	09003 SPINE CENTER	0	0	0	0	90.03	
90.04	09004 RUSH HEART CENTER	0	0	0	0	90.04	
91.00	09100 EMERGENCY	7,046,715	7,046,715	80,462	7,127,177	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	818,101	818,101	0	818,101	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
200.00	Subtotal (see instructions)	85,008,700	85,008,700	89,754	85,098,454	200.00	
201.00	Less Observation Beds	818,101	818,101	0	818,101	201.00	
202.00	Total (see instructions)	84,190,599	84,190,599	89,754	84,280,353	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	19,650,698		19,650,698		30.00
31.00	03100	INTENSIVE CARE UNIT	7,208,774		7,208,774		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,923,579		1,923,579		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	3,582,367		3,582,367		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,934,823	39,411,427	52,346,250	0.216734	50.00
50.01	05001	ENDOSCOPY	1,634,885	8,141,911	9,776,796	0.141254	50.01
51.00	05100	RECOVERY ROOM	1,620,134	5,826,500	7,446,634	0.173661	51.00
53.00	05300	ANESTHESIOLOGY	3,381,437	10,503,667	13,885,104	0.072687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,198,673	11,634,769	20,833,442	0.292049	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	896,927	3,073,254	3,970,181	0.478160	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,582,752	3,875,799	5,458,551	0.158798	56.01
57.00	05700	CT SCAN	5,269,872	14,391,305	19,661,177	0.075525	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	19,235,652	36,092,696	55,328,348	0.095547	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,059,133	486,547	2,545,680	0.327254	62.00
64.00	06400	INTRAVENOUS THERAPY	5,949	1,795	7,744	0.016529	64.00
65.00	06500	RESPIRATORY THERAPY	4,546,825	719,510	5,266,335	0.226236	65.00
66.00	06600	PHYSICAL THERAPY	4,478,637	5,473,456	9,952,093	0.255034	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,201,970	1,329,336	4,531,306	0.227406	67.00
68.00	06800	SPEECH PATHOLOGY	699,391	339,413	1,038,804	0.254143	68.00
69.00	06900	ELECTROCARDIOLOGY	2,313,833	3,275,555	5,589,388	0.158062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,184	32,233	117,417	0.805803	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	359,717	20,032	379,749	2.349125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,457,548	7,615,230	16,072,778	0.352230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,040,439	8,453,460	24,493,899	0.215147	73.00
74.00	07400	RENAL DIALYSIS	3,245,103	0	3,245,103	0.164337	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	4,171	4,562,769	4,566,940	0.408395	90.00
90.01	09001	WOUND CARE	32,846	4,780,925	4,813,771	0.301345	90.01
90.02	09002	PULMONARY REHAB	0	257,228	257,228	0.488127	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	5,316,860	18,699,259	24,016,119	0.293416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	44,553	1,044,559	1,089,112	0.751163	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	139,012,732	190,042,635	329,055,367		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	139,012,732	190,042,635	329,055,367		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 8:20 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.216866		50.00
50.01	05001 ENDOSCOPY	0.141254		50.01
51.00	05100 RECOVERY ROOM	0.173661		51.00
53.00	05300 ANESTHESIOLOGY	0.072687		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.292049		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.478160		56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158798		56.01
57.00	05700 CT SCAN	0.075525		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.095547		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327254		62.00
64.00	06400 INTRAVENOUS THERAPY	0.016529		64.00
65.00	06500 RESPIRATORY THERAPY	0.226464		65.00
66.00	06600 PHYSICAL THERAPY	0.255034		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227406		67.00
68.00	06800 SPEECH PATHOLOGY	0.254143		68.00
69.00	06900 ELECTROCARDIOLOGY	0.158062		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.805803		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.349125		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.352230		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215147		73.00
74.00	07400 RENAL DIALYSIS	0.164337		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.408395		90.00
90.01	09001 WOUND CARE	0.301345		90.01
90.02	09002 PULMONARY REHAB	0.488127		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.296766		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.751163		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140063

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

Worksheet C  
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11/28/2012 8:20 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Dissallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		13,892,081	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,609,586	0	0	31.00	
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF		2,140,675	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
44.00	04400 SKILLED NURSING FACILITY		3,218,847	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		11,345,218	0	0	50.00	
50.01	05001 ENDOSCOPY		1,381,007	0	0	50.01	
51.00	05100 RECOVERY ROOM		1,293,187	0	0	51.00	
53.00	05300 ANESTHESIOLOGY		1,009,273	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,084,380	0	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		1,898,381	0	0	56.00	
56.01	05602 ULTRASOUND/VASC LAB		866,807	0	0	56.01	
57.00	05700 CT SCAN		1,484,907	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		5,286,468	0	0	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		833,084	0	0	62.00	
64.00	06400 INTRAVENOUS THERAPY		128	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	1,191,433	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,538,126	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,030,446	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	264,005	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY		883,470	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		94,615	0	0	70.00	
70.01	07001 SLEEP LAB		0	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		892,078	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,661,307	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		5,269,801	0	0	73.00	
74.00	07400 RENAL DIALYSIS		533,291	0	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		1,865,116	0	0	90.00	
90.01	09001 WOUND CARE		1,450,607	0	0	90.01	
90.02	09002 PULMONARY REHAB		125,560	0	0	90.02	
90.03	09003 SPINE CENTER		0	0	0	90.03	
90.04	09004 RUSH HEART CENTER		0	0	0	90.04	
91.00	09100 EMERGENCY		7,046,715	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		818,101	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF		0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
200.00	Subtotal (see instructions)		85,008,700	0	0	200.00	
201.00	Less Observation Beds		818,101	0	0	201.00	
202.00	Total (see instructions)		84,190,599	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	19,650,698		19,650,698		30.00
31.00	03100	INTENSIVE CARE UNIT	7,208,774		7,208,774		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,923,579		1,923,579		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	3,582,367		3,582,367		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,934,823	39,411,427	52,346,250	0.216734	50.00
50.01	05001	ENDOSCOPY	1,634,885	8,141,911	9,776,796	0.141254	50.01
51.00	05100	RECOVERY ROOM	1,620,134	5,826,500	7,446,634	0.173661	51.00
53.00	05300	ANESTHESIOLOGY	3,381,437	10,503,667	13,885,104	0.072687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,198,673	11,634,769	20,833,442	0.292049	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	896,927	3,073,254	3,970,181	0.478160	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,582,752	3,875,799	5,458,551	0.158798	56.01
57.00	05700	CT SCAN	5,269,872	14,391,305	19,661,177	0.075525	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	19,235,652	36,092,696	55,328,348	0.095547	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,059,133	486,547	2,545,680	0.327254	62.00
64.00	06400	INTRAVENOUS THERAPY	5,949	1,795	7,744	0.016529	64.00
65.00	06500	RESPIRATORY THERAPY	4,546,825	719,510	5,266,335	0.226236	65.00
66.00	06600	PHYSICAL THERAPY	4,478,637	5,473,456	9,952,093	0.255034	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,201,970	1,329,336	4,531,306	0.227406	67.00
68.00	06800	SPEECH PATHOLOGY	699,391	339,413	1,038,804	0.254143	68.00
69.00	06900	ELECTROCARDIOLOGY	2,313,833	3,275,555	5,589,388	0.158062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,184	32,233	117,417	0.805803	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	359,717	20,032	379,749	2.349125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,457,548	7,615,230	16,072,778	0.352230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,040,439	8,453,460	24,493,899	0.215147	73.00
74.00	07400	RENAL DIALYSIS	3,245,103	0	3,245,103	0.164337	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	4,171	4,562,769	4,566,940	0.408395	90.00
90.01	09001	WOUND CARE	32,846	4,780,925	4,813,771	0.301345	90.01
90.02	09002	PULMONARY REHAB	0	257,228	257,228	0.488127	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	5,316,860	18,699,259	24,016,119	0.293416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	44,553	1,044,559	1,089,112	0.751163	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	139,012,732	190,042,635	329,055,367		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	139,012,732	190,042,635	329,055,367		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 8:20 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05602 ULTRASOUND/VASC LAB	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE	0.000000		90.01
90.02	09002 PULMONARY REHAB	0.000000		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 140063		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part I Date/Time Prepared: 11/28/2012 8:20 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	455,377	0	455,377	15,962	28.53	30.00
31.00	03100	INTENSIVE CARE UNIT	192,203		192,203	2,930	65.60	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	119,496	0	119,496	1,837	65.05	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00
44.00	04400	SKILLED NURSING FACILITY	179,748		179,748	5,824	30.86	44.00
200.00		Total (lines 30-199)	946,824		946,824	26,553		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	9,296	265,215	30.00
31.00	03100 INTENSIVE CARE UNIT	1,862	122,147	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	1,341	87,232	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	4,256	131,340	44.00
200.00	Total (lines 30-199)	16,755	605,934	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/28/2012 8:20 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	428,650	52,346,250	0.008189	6,173,464	50,554	50.00
50.01	05001	ENDOSCOPY	105,638	9,776,796	0.010805	1,418,888	15,331	50.01
51.00	05100	RECOVERY ROOM	30,653	7,446,634	0.004116	838,354	3,451	51.00
53.00	05300	ANESTHESIOLOGY	59,324	13,885,104	0.004272	1,761,119	7,524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	511,551	20,833,442	0.024554	5,369,969	131,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	405,071	3,970,181	0.102028	780,121	79,594	56.00
56.01	05602	ULTRASOUND/VASC LAB	75,987	5,458,551	0.013921	579,347	8,065	56.01
57.00	05700	CT SCAN	169,799	19,661,177	0.008636	2,769,469	23,917	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	186,825	55,328,348	0.003377	11,372,187	38,404	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,016	2,545,680	0.003542	1,305,332	4,623	62.00
64.00	06400	INTRAVENOUS THERAPY	5	7,744	0.000646	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	77,205	5,266,335	0.014660	3,232,544	47,389	65.00
66.00	06600	PHYSICAL THERAPY	101,475	9,952,093	0.010196	929,684	9,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,841	4,531,306	0.004379	130,406	571	67.00
68.00	06800	SPEECH PATHOLOGY	3,965	1,038,804	0.003817	228,198	871	68.00
69.00	06900	ELECTROCARDIOLOGY	55,682	5,589,388	0.009962	1,334,602	13,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,048	117,417	0.034475	39,813	1,373	70.00
70.01	07001	SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,199	379,749	0.032124	179,001	5,750	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,300	16,072,778	0.002756	4,971,116	13,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,110	24,493,899	0.002740	9,602,693	26,311	73.00
74.00	07400	RENAL DIALYSIS	3,992	3,245,103	0.001230	2,241,519	2,757	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	167,073	4,566,940	0.036583	2,612	96	90.00
90.01	09001	WOUND CARE	48,978	4,813,771	0.010175	21,726	221	90.01
90.02	09002	PULMONARY REHAB	6,104	257,228	0.023730	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	167,702	24,016,119	0.006983	2,771,799	19,355	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	26,817	1,089,112	0.024623	0	0	92.00
200.00		Total (lines 50-199)	2,789,010	296,689,949		58,053,963	504,485	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140063		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/28/2012 8:20 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140063		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/28/2012 8:20 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	15,962	0.00	9,296	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	2,930	0.00	1,862	0	0	31.00
40.00	04000 SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	1,837	0.00	1,341	0	0	41.00
42.00	04200 SUBPROVIDER	0	0.00	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	5,824	0.00	4,256	0	0	44.00
200.00	Total (lines 30-199)	26,553		16,755	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/28/2012 8:20 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		31.00
40.00 04000 SUBPROVIDER - IPF	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	0	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
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: 140063

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
56.01	05602	ULTRASOUND/VASC LAB	0	0	0	0	0	56.01	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01	
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	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	WOUND CARE	0	0	0	0	0	90.01	
90.02	09002	PULMONARY REHAB	0	0	0	0	0	90.02	
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03	
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	52,346,250	0.000000	0.000000	6,173,464	50.00
50.01	05001 ENDOSCOPY	0	9,776,796	0.000000	0.000000	1,418,888	50.01
51.00	05100 RECOVERY ROOM	0	7,446,634	0.000000	0.000000	838,354	51.00
53.00	05300 ANESTHESIOLOGY	0	13,885,104	0.000000	0.000000	1,761,119	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,833,442	0.000000	0.000000	5,369,969	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,970,181	0.000000	0.000000	780,121	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	5,458,551	0.000000	0.000000	579,347	56.01
57.00	05700 CT SCAN	0	19,661,177	0.000000	0.000000	2,769,469	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	55,328,348	0.000000	0.000000	11,372,187	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,545,680	0.000000	0.000000	1,305,332	62.00
64.00	06400 INTRAVENOUS THERAPY	0	7,744	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,266,335	0.000000	0.000000	3,232,544	65.00
66.00	06600 PHYSICAL THERAPY	0	9,952,093	0.000000	0.000000	929,684	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,531,306	0.000000	0.000000	130,406	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,038,804	0.000000	0.000000	228,198	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,589,388	0.000000	0.000000	1,334,602	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	117,417	0.000000	0.000000	39,813	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	379,749	0.000000	0.000000	179,001	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,072,778	0.000000	0.000000	4,971,116	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,493,899	0.000000	0.000000	9,602,693	73.00
74.00	07400 RENAL DIALYSIS	0	3,245,103	0.000000	0.000000	2,241,519	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,566,940	0.000000	0.000000	2,612	90.00
90.01	09001 WOUND CARE	0	4,813,771	0.000000	0.000000	21,726	90.01
90.02	09002 PULMONARY REHAB	0	257,228	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	24,016,119	0.000000	0.000000	2,771,799	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,089,112	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	296,689,949			58,053,963	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 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	8,382,039	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	2,177,098	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	1,312,601	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	2,349,875	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,809,869	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	1,227,029	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	1,081,810	0	0	0	56.01
57.00	05700 CT SCAN	0	4,915,063	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	405,361	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	61,581	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	101,122	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	12,267	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,448,214	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,031	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,451	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,325,141	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,579,499	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	1,089,161	0	0	0	90.00
90.01	09001 WOUND CARE	0	2,234,414	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	171,769	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	2,851,833	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	476,112	0	0	0	92.00
200.00	Total (lines 50-199)	0	39,027,340	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Hospital
		PPS	

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	90.02
90.03	09003 SPINE CENTER	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.216734	8,382,039	106	0	50.00
50.01	05001	ENDOSCOPY	0.141254	2,177,098	3	0	50.01
51.00	05100	RECOVERY ROOM	0.173661	1,312,601	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.072687	2,349,875	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.292049	4,809,869	47	813	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.478160	1,227,029	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.158798	1,081,810	0	0	56.01
57.00	05700	CT SCAN	0.075525	4,915,063	0	1,355	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.095547	405,361	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327254	61,581	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.016529	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.226236	101,122	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.255034	12,267	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227406	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.254143	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158062	1,448,214	0	271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.805803	10,031	0	0	70.00
70.01	07001	SLEEP LAB	0.000000	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.349125	5,451	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.352230	2,325,141	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215147	1,579,499	0	93,668	73.00
74.00	07400	RENAL DIALYSIS	0.164337	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.408395	1,089,161	0	271	90.00
90.01	09001	WOUND CARE	0.301345	2,234,414	0	2,710	90.01
90.02	09002	PULMONARY REHAB	0.488127	171,769	0	0	90.02
90.03	09003	SPINE CENTER	0.000000	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.293416	2,851,833	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.751163	476,112	0	0	92.00
200.00		Subtotal (see instructions)		39,027,340	156	99,088	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		39,027,340	156	99,088	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)			
	5.00	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	1,816,673	23	0	50.00
50.01	05001	ENDOSCOPY	307,524	0	0	50.01
51.00	05100	RECOVERY ROOM	227,948	0	0	51.00
53.00	05300	ANESTHESIOLOGY	170,805	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,404,717	14	237	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	586,716	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	171,789	0	0	56.01
57.00	05700	CT SCAN	371,210	0	102	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	38,731	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,153	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,877	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,129	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	228,908	0	43	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,083	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,805	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	818,984	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	339,824	0	20,152	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	444,808	0	111	90.00
90.01	09001	WOUND CARE	673,329	0	817	90.01
90.02	09002	PULMONARY REHAB	83,845	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	90.04
91.00	09100	EMERGENCY	836,773	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	357,638	0	0	92.00
200.00		Subtotal (see instructions)	8,947,269	37	21,462	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	8,947,269	37	21,462	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/28/2012 8:20 pm
		Component CCN: 14T063	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	428,650	52,346,250	0.008189	15,638	128	50.00
50.01	05001 ENDOSCOPY	105,638	9,776,796	0.010805	0	0	50.01
51.00	05100 RECOVERY ROOM	30,653	7,446,634	0.004116	6,365	26	51.00
53.00	05300 ANESTHESIOLOGY	59,324	13,885,104	0.004272	5,665	24	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	511,551	20,833,442	0.024554	35,301	867	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	405,071	3,970,181	0.102028	22,645	2,310	56.00
56.01	05602 ULTRASOUND/VASC LAB	75,987	5,458,551	0.013921	0	0	56.01
57.00	05700 CT SCAN	169,799	19,661,177	0.008636	28,597	247	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	186,825	55,328,348	0.003377	320,551	1,083	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	9,016	2,545,680	0.003542	13,173	47	62.00
64.00	06400 INTRAVENOUS THERAPY	5	7,744	0.000646	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	77,205	5,266,335	0.014660	46,215	678	65.00
66.00	06600 PHYSICAL THERAPY	101,475	9,952,093	0.010196	955,911	9,746	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,841	4,531,306	0.004379	853,590	3,738	67.00
68.00	06800 SPEECH PATHOLOGY	3,965	1,038,804	0.003817	223,232	852	68.00
69.00	06900 ELECTROCARDIOLOGY	55,682	5,589,388	0.009962	10,616	106	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,048	117,417	0.034475	717	25	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,199	379,749	0.032124	190	6	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	44,300	16,072,778	0.002756	36,666	101	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	67,110	24,493,899	0.002740	375,120	1,028	73.00
74.00	07400 RENAL DIALYSIS	3,992	3,245,103	0.001230	170,715	210	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	167,073	4,566,940	0.036583	0	0	90.00
90.01	09001 WOUND CARE	48,978	4,813,771	0.010175	0	0	90.01
90.02	09002 PULMONARY REHAB	6,104	257,228	0.023730	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	167,702	24,016,119	0.006983	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	26,817	1,089,112	0.024623	0	0	92.00
200.00	Total (lines 50-199)	2,789,010	296,689,949		3,120,907	21,222	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE	0	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	52,346,250	0.000000	0.000000	15,638	50.00
50.01	05001 ENDOSCOPY	0	9,776,796	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	7,446,634	0.000000	0.000000	6,365	51.00
53.00	05300 ANESTHESIOLOGY	0	13,885,104	0.000000	0.000000	5,665	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,833,442	0.000000	0.000000	35,301	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,970,181	0.000000	0.000000	22,645	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	5,458,551	0.000000	0.000000	0	56.01
57.00	05700 CT SCAN	0	19,661,177	0.000000	0.000000	28,597	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	55,328,348	0.000000	0.000000	320,551	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,545,680	0.000000	0.000000	13,173	62.00
64.00	06400 INTRAVENOUS THERAPY	0	7,744	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,266,335	0.000000	0.000000	46,215	65.00
66.00	06600 PHYSICAL THERAPY	0	9,952,093	0.000000	0.000000	955,911	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,531,306	0.000000	0.000000	853,590	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,038,804	0.000000	0.000000	223,232	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,589,388	0.000000	0.000000	10,616	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	117,417	0.000000	0.000000	717	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	379,749	0.000000	0.000000	190	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,072,778	0.000000	0.000000	36,666	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,493,899	0.000000	0.000000	375,120	73.00
74.00	07400 RENAL DIALYSIS	0	3,245,103	0.000000	0.000000	170,715	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,566,940	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	4,813,771	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	257,228	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	24,016,119	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,089,112	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	296,689,949			3,120,907	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
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	35	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	236	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	271	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	90.02
90.03	09003 SPINE CENTER	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:20 pm		
		Component CCN: 14T063	Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.216734	0	0	50.00
50.01	05001	ENDOSCOPY	0.141254	0	0	50.01
51.00	05100	RECOVERY ROOM	0.173661	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.072687	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.292049	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.478160	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.158798	0	0	56.01
57.00	05700	CT SCAN	0.075525	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.095547	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327254	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.016529	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.226236	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.255034	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227406	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.254143	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158062	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.805803	0	0	70.00
70.01	07001	SLEEP LAB	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.349125	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.352230	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215147	35	518	73.00
74.00	07400	RENAL DIALYSIS	0.164337	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.408395	236	0	90.00
90.01	09001	WOUND CARE	0.301345	0	0	90.01
90.02	09002	PULMONARY REHAB	0.488127	0	0	90.02
90.03	09003	SPINE CENTER	0.000000	0	0	90.03
90.04	09004	RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.293416	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.751163	0	0	92.00
200.00		Subtotal (see instructions)		271	518	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00		Net Charges (line 200 +/- line 201)		271	518	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:20 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 ENDOSCOPY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 07001 SLEEP LAB	0	0	0		70.01
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	8	0	111		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	96	0	0		90.00
90.01 09001 WOUND CARE	0	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0	0		90.02
90.03 09003 SPINE CENTER	0	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0	0		90.04
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	104	0	111		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	104	0	111		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	52,346,250	0.000000	0.000000	25,645	50.00
50.01	05001 ENDOSCOPY	0	9,776,796	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	7,446,634	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	13,885,104	0.000000	0.000000	4,898	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,833,442	0.000000	0.000000	81,391	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,970,181	0.000000	0.000000	47,969	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	5,458,551	0.000000	0.000000	0	56.01
57.00	05700 CT SCAN	0	19,661,177	0.000000	0.000000	61,130	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	55,328,348	0.000000	0.000000	913,448	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,545,680	0.000000	0.000000	50,985	62.00
64.00	06400 INTRAVENOUS THERAPY	0	7,744	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,266,335	0.000000	0.000000	269,737	65.00
66.00	06600 PHYSICAL THERAPY	0	9,952,093	0.000000	0.000000	2,507,479	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,531,306	0.000000	0.000000	1,845,397	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,038,804	0.000000	0.000000	165,342	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,589,388	0.000000	0.000000	17,539	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	117,417	0.000000	0.000000	2,479	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	379,749	0.000000	0.000000	2,475	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,072,778	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,493,899	0.000000	0.000000	1,159,084	73.00
74.00	07400 RENAL DIALYSIS	0	3,245,103	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,566,940	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	4,813,771	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	257,228	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	24,016,119	0.000000	0.000000	965	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,089,112	0.000000	0.000000	82	92.00
200.00	Total (lines 50-199)	0	296,689,949			7,156,045	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE	0	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:20 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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	90.02
90.03	09003 SPINE CENTER	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:20 pm		
		Component CCN: 145583	Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.216734	0	0	50.00
50.01	05001	ENDOSCOPY	0.141254	0	0	50.01
51.00	05100	RECOVERY ROOM	0.173661	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.072687	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.292049	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.478160	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.158798	0	0	56.01
57.00	05700	CT SCAN	0.075525	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.095547	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327254	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.016529	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.226236	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.255034	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227406	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.254143	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158062	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.805803	0	0	70.00
70.01	07001	SLEEP LAB	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.349125	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.352230	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215147	0	518	73.00
74.00	07400	RENAL DIALYSIS	0.164337	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.408395	0	0	90.00
90.01	09001	WOUND CARE	0.301345	0	0	90.01
90.02	09002	PULMONARY REHAB	0.488127	0	0	90.02
90.03	09003	SPINE CENTER	0.000000	0	0	90.03
90.04	09004	RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.293416	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.751163	0	0	92.00
200.00		Subtotal (see instructions)		0	518	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	518	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:20 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 ENDOSCOPY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 07001 SLEEP LAB	0	0	0		70.01
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	111		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE	0	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0	0		90.02
90.03 09003 SPINE CENTER	0	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0	0		90.04
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	0	0	111		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	111		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/28/2012 8:20 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,962	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,962	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)		15,022	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)		9,296	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
<b>SWING BED ADJUSTMENT</b>				
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)		13,892,081	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)		13,892,081	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		19,065,665	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		19,065,665	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.728644	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,269.18	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)		13,892,081	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		870.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,090,495	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)		8,090,495	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 8:20 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)	
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00	
43.00	INTENSIVE CARE UNIT	4,610,788	2,930	1,573.65	1,862	2,930,136	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)						12,304,925	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						23,325,556	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						387,362	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						504,485	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						891,847	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						22,433,709	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)						940	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						870.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						818,101	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 8:20 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	455,377	13,892,081	0.032780	818,101	26,817	90.00
91.00	Nursing School cost	0	13,892,081	0.000000	818,101	0	91.00
92.00	Allied health cost	0	13,892,081	0.000000	818,101	0	92.00
93.00	All other Medical Education	0	13,892,081	0.000000	818,101	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,837	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,837	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)		1,837	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,341	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,140,675	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,140,675	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,910,480	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,910,480	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.120491	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,040.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,140,675	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,165.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,562,681	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,562,681	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Component CCN: 14T063				Date/Time Prepared: 11/28/2012 8:20 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						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)					692,623	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,255,304	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)					87,232	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,222	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					108,454	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,146,850	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: 140063 Component CCN: 14T063		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 8:20 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	119,496	2,140,675	0.055822	0	0	90.00
91.00	Nursing School cost	0	2,140,675	0.000000	0	0	91.00
92.00	Allied health cost	0	2,140,675	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,140,675	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 8:20 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,824	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,824	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,824	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)	4,256	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
<b>SWING BED ADJUSTMENT</b>			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,218,847	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,218,847	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
28.00	General inpatient routine service charges (excluding swing-bed charges)	3,582,367	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	3,582,367	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.898525	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)	615.10	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,218,847	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
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: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1	
		Component CCN: 145583		Date/Time Prepared: 11/28/2012 8:20 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
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)				3,218,847 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				552.69 71.00
72.00	Program routine service cost (line 9 x line 71)				2,352,249 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)				2,352,249 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)				2,352,249 83.00
84.00	Program inpatient ancillary services (see instructions)				1,583,693 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)				3,935,942 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: 140063 Component CCN: 145583		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 8:20 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: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 8:20 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		12,279,733		30.00
31.00	03100 INTENSIVE CARE UNIT		4,571,210		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.216866	6,173,464	1,338,814	50.00
50.01	05001 ENDOSCOPY	0.141254	1,418,888	200,424	50.01
51.00	05100 RECOVERY ROOM	0.173661	838,354	145,589	51.00
53.00	05300 ANESTHESIOLOGY	0.072687	1,761,119	128,010	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.292049	5,369,969	1,568,294	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.478160	780,121	373,023	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158798	579,347	91,999	56.01
57.00	05700 CT SCAN	0.075525	2,769,469	209,164	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.095547	11,372,187	1,086,578	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327254	1,305,332	427,175	62.00
64.00	06400 INTRAVENOUS THERAPY	0.016529	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.226464	3,232,544	732,055	65.00
66.00	06600 PHYSICAL THERAPY	0.255034	929,684	237,101	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227406	130,406	29,655	67.00
68.00	06800 SPEECH PATHOLOGY	0.254143	228,198	57,995	68.00
69.00	06900 ELECTROCARDIOLOGY	0.158062	1,334,602	210,950	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.805803	39,813	32,081	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.349125	179,001	420,496	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.352230	4,971,116	1,750,976	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215147	9,602,693	2,065,991	73.00
74.00	07400 RENAL DIALYSIS	0.164337	2,241,519	368,365	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.408395	2,612	1,067	90.00
90.01	09001 WOUND CARE	0.301345	21,726	6,547	90.01
90.02	09002 PULMONARY REHAB	0.488127	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.296766	2,771,799	822,576	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.751163	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		58,053,963	12,304,925	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		58,053,963		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
41.00	04100 SUBPROVIDER - IRF		1,402,369	41.00
42.00	04200 SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.216866	15,638	3,391 50.00
50.01	05001 ENDOSCOPY	0.141254	0	0 50.01
51.00	05100 RECOVERY ROOM	0.173661	6,365	1,105 51.00
53.00	05300 ANESTHESIOLOGY	0.072687	5,665	412 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.292049	35,301	10,310 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	0.478160	22,645	10,828 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158798	0	0 56.01
57.00	05700 CT SCAN	0.075525	28,597	2,160 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.095547	320,551	30,628 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327254	13,173	4,311 62.00
64.00	06400 INTRAVENOUS THERAPY	0.016529	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.226464	46,215	10,466 65.00
66.00	06600 PHYSICAL THERAPY	0.255034	955,911	243,790 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227406	853,590	194,111 67.00
68.00	06800 SPEECH PATHOLOGY	0.254143	223,232	56,733 68.00
69.00	06900 ELECTROCARDIOLOGY	0.158062	10,616	1,678 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.805803	717	578 70.00
70.01	07001 SLEEP LAB	0.000000	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.349125	190	446 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.352230	36,666	12,915 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215147	375,120	80,706 73.00
74.00	07400 RENAL DIALYSIS	0.164337	170,715	28,055 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.408395	0	0 90.00
90.01	09001 WOUND CARE	0.301345	0	0 90.01
90.02	09002 PULMONARY REHAB	0.488127	0	0 90.02
90.03	09003 SPINE CENTER	0.000000	0	0 90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.296766	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.751163	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,120,907	692,623 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		3,120,907	692,623 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 145583		Date/Time Prepared: 11/28/2012 8:20 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.216734	25,645	5,558	50.00
50.01	05001 ENDOSCOPY	0.141254	0	0	50.01
51.00	05100 RECOVERY ROOM	0.173661	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.072687	4,898	356	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.292049	81,391	23,770	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.478160	47,969	22,937	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.158798	0	0	56.01
57.00	05700 CT SCAN	0.075525	61,130	4,617	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.095547	913,448	87,277	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327254	50,985	16,685	62.00
64.00	06400 INTRAVENOUS THERAPY	0.016529	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.226236	269,737	61,024	65.00
66.00	06600 PHYSICAL THERAPY	0.255034	2,507,479	639,492	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227406	1,845,397	419,654	67.00
68.00	06800 SPEECH PATHOLOGY	0.254143	165,342	42,021	68.00
69.00	06900 ELECTROCARDIOLOGY	0.158062	17,539	2,772	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.805803	2,479	1,998	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.349125	2,475	5,814	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.352230	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215147	1,159,084	249,373	73.00
74.00	07400 RENAL DIALYSIS	0.164337	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.408395	0	0	90.00
90.01	09001 WOUND CARE	0.301345	0	0	90.01
90.02	09002 PULMONARY REHAB	0.488127	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.293416	965	283	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.751163	82	62	92.00
200.00	Total (sum of lines 50-94 and 96-98)		7,156,045	1,583,693	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		7,156,045		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		16,340,550	1.00
2.00	Outlier payments for discharges. (see instructions)		315,997	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		255,799	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		162.43	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		1.23	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.70	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.93	11.00
12.00	Current year allowable FTE (see instructions)		3.16	12.00
13.00	Total allowable FTE count for the prior year.		3.23	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.		3.23	14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.21	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		3.21	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.019762	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019773	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.019762	21.00
22.00	IME payment adjustment (see instructions)		178,278	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.47	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)		178,278	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.05	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.07	31.00
32.00	Sum of lines 30 and 31		21.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.64	33.00
34.00	Disproportionate share adjustment (see instructions)		1,085,013	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		17,919,838	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		17,919,838	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,408,012	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).		121,896	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,449,746	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,449,746	61.00
62.00	Deductibles billed to program beneficiaries		1,540,764	62.00
63.00	Coinurance billed to program beneficiaries		167,415	63.00
64.00	Allowable bad debts (see instructions)		236,135	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		165,295	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		236,135	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,906,862	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,906,862	71.00
72.00	Interim payments		18,067,076	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)		-160,214	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			21,499 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			8,947,269 2.00
3.00	PPS payments			6,936,754 3.00
4.00	Outlier payment (see instructions)			137,882 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.768 5.00
6.00	Line 2 times line 5			6,871,503 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)			21,499 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			99,244 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)			99,244 14.00
<b>Customary charges</b>				
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)			99,244 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			77,745 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)			21,499 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)			7,074,636 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			31 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,588,193 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)			5,507,911 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			36,321 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)			5,544,232 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			5,544,232 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			326,989 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			228,892 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			326,989 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			5,773,124 37.00
38.00	MSP-LCC reconciliation amount from PS&R			18 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)			5,773,106 40.00
41.00	Interim payments			5,738,884 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)			34,222 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:20 pm
		Title VIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			111 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			104 2.00
3.00	PPS payments			105 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)			111 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			518 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)			518 14.00
<b>Customary charges</b>				
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)			518 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			407 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)			111 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)			105 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			216 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)			216 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			216 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)			216 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)			216 40.00
41.00	Interim payments			238 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)			-22 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140063 Component CCN: 14T063	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:20 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		111	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		111	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		518	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)		518	14.00
<b>Customary charges</b>				
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)		518	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		407	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)		111	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		111	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)		111	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		111	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		111	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		111	40.00
41.00	Interim payments		109	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		2	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:20 pm
	Title XVIII	Skilled Nursing Facility	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: 140063

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 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		17,397,263		5,498,475	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		390,194		274,963	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	03/16/2012	118,638	06/15/2012	5,422	3.01	
3.02		06/15/2012	160,981		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	03/16/2012	39,976	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)		279,619		-34,554	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)		18,067,076		5,738,884	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		34,222	6.01	
6.02	SETTLEMENT TO PROGRAM		160,214		0	6.02	
7.00	Total Medicare program liability (see instructions)		17,906,862		5,773,106	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140063  
Component CCN: 14T063

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,707,022		238	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	03/16/2012	14,750		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)		14,750		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)		1,721,772		238	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		18,627		22	6.02
7.00	Total Medicare program liability (see instructions)		1,703,145		216	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140063  
Component CCN: 145583

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2012 8:20 pm  
PPS

Title XVIII

Skilled Nursing  
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,056,459		109	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)		2,056,459		109	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		3,679		2	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,060,138		111	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140063

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/28/2012 8:20 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			3,811 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			11,158 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			172 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			17,952 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			329,055,367 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			3,064,267 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,613,276 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,681,299 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-68,023 32.00
				<b>Overrides</b>
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/28/2012 8:20 pm
		Component CCN: 14T063	Title XVIII	Subprovider - IRF PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		1,556,721	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0344	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		71,639	3.00
4.00	Outlier Payments		83,111	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		5.019126	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		1,711,471	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		1,711,471	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		1,711,471	19.00
20.00	Deductibles		4,528	20.00
21.00	Subtotal (line 19 minus line 20)		1,706,943	21.00
22.00	Coinsurance		5,383	22.00
23.00	Subtotal (line 21 minus line 22)		1,701,560	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,264	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		1,585	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,264	26.00
27.00	Subtotal (sum of lines 23 and 25)		1,703,145	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		1,703,145	32.00
33.00	Interim payments		1,721,772	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		-18,627	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VI Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,167,399	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)		2,167,399	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		110,940	7.00
8.00	Allowable bad debts (see instructions)		3,679	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		3,679	9.00
10.00	Allowable reimbursable bad debts (see instructions)		3,679	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)		2,060,138	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)		2,060,138	15.00
16.00	Interim payments		2,056,459	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)		3,679	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: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/28/2012 8:20 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.42	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			0.36	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.70	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.36	1.36	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.	0.00	0.53	0.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.42		10.00
11.00	Total weighted FTE count	0.00	1.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.53		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.03	2.52		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.01	2.33		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	0.01	2.33		17.00
18.00	Per resident amount	105,799.17	105,799.17		18.00
19.00	Approved amount for resident costs	1,058	246,512	247,570	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			1.64	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)			247,570	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	12,499	172		26.00
27.00	Total Inpatient Days	19,789	19,789		27.00
28.00	Ratio of inpatient days to total inpatient days	0.631614	0.008692		28.00
29.00	Program direct GME amount	156,369	2,152		29.00
30.00	Reduction for direct GME payments for Medicare managed care		304		30.00
31.00	Net Program direct GME amount			158,217	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		3,245,103	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		30,100,508	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		30,100,508	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		8,969,094	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,969,094	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		39,069,602	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.770433	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.229567	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		158,217	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		121,896	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		36,321	50.00

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

Provider CCN: 140063

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

Worksheet G

Date/Time Prepared:  
11/28/2012 8:20 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	2,839,081	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	16,272,851	0	0	0	4.00
5.00	Other receivable	198,546	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,622,474	0	0	0	7.00
8.00	Prepaid expenses	484,048	0	0	0	8.00
9.00	Other current assets	506,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	22,923,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,478,706	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	55,789,612	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	41,672,237	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-77,937,587	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	22,002,968	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	23,842,032	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	23,842,032	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	68,768,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	7,000,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,662,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	11,225,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,887,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,714,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,714,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,601,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	29,167,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	29,167,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	68,768,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140063

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

Worksheet G-1

Date/Time Prepared:  
11/28/2012 8:20 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		30,676,295	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,509,295			2.00
3.00	Total (sum of line 1 and line 2)		29,167,000		0	3.00
4.00		0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		29,167,000		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)		29,167,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140063

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

Worksheet G-1

Date/Time Prepared:  
11/28/2012 8:20 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140063

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/28/2012 8:20 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	19,065,665		19,065,665	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,910,480		1,910,480	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,552,047		3,552,047	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)	24,528,192		24,528,192	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,193,150		7,193,150	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)	7,193,150		7,193,150	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	31,721,342		31,721,342	17.00
18.00	Ancillary services	114,456,156	181,269,115	295,725,271	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NOCTURNIST	0	548,969	548,969	27.00
27.01	ROPPG	0	10,505,435	10,505,435	27.01
27.02	ER PHYSICIAN	0	11,224,808	11,224,808	27.02
27.03		0	0	0	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	146,177,498	203,548,327	349,725,825	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		100,030,421		29.00
30.00	BAD DEBTS	8,992,038			30.00
31.00	ADJ	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)		8,992,038		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)		109,022,459		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140063

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

Worksheet G-3

Date/Time Prepared:  
11/28/2012 8:20 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	349,725,825	1.00
2.00	Less contractual allowances and discounts on patients' accounts	245,220,666	2.00
3.00	Net patient revenues (line 1 minus line 2)	104,505,159	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	109,022,459	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,517,300	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	3,008,005	24.00
25.00	Total other income (sum of lines 6-24)	3,008,005	25.00
26.00	Total (line 5 plus line 25)	-1,509,295	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,509,295	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet I-5 Date/Time Prepared: 11/28/2012 8:20 pm
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		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: 140063	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/28/2012 8:20 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,323,020	1.00
2.00	Capital DRG outlier payments		2,568	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		49.05	3.00
4.00	Number of interns & residents (see instructions)		3.21	4.00
5.00	Indirect medical education percentage (see instructions)		1.86	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		24,608	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.05	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		14.07	8.00
9.00	Sum of lines 7 and 8		21.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.37	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		57,816	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,408,012	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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